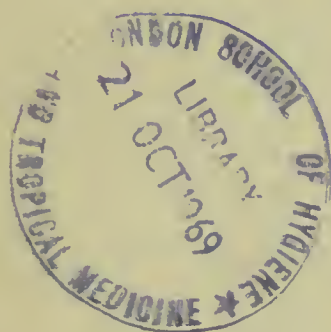


AC.4625

Filed. 16.12.68

BURGH OF PAISLEY



REPORT

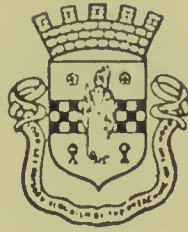
BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1967

BURGH OF PAISLEY



REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1967

To the SECRETARY OF STATE FOR SCOTLAND, and

To the PROVOST, MAGISTRATES AND COUNCILLORS OF THE BURGH OF PAISLEY.

I have the honour of submitting my first Annual Report, that for 1967, as Medical Officer of Health for the Burgh of Paisley, although I have only been acting as Medical Officer of Health for the latter quarter of that year.

Since the last published report of the Department, we have suffered the loss, first of the Medical Officer of Health, then the Health Visitor Supervisor and her Depute.

Dr. Kennedy Campbell was appointed to Paisley in March, 1959, following the death of Dr. James Maxton. He left here in November, 1967, to take up an appointment in Manchester as Medical Officer of Health. During his time in Paisley the work of the Public Health Department continued to expand and improve. Among his many innovations here the most outstanding were the Geriatric Clinics, Cervical Cytology, now in its fourth year, the Homecraft Centre at Ardmore Oval for re-education of Problem Families in household management and budgeting, and also the Day Care Centre for handicapped children.

The Health Visitor Supervisor, Miss M. Smith, had been with the Department for 34 years and is greatly missed by both staff and patients. Her knowledge of Paisley and its families was encyclopaedic and a great asset to the Department. She was always ready with sound advice and help to all who approached her and to see her go was like the end of an era, especially as, at the same time, we had to say goodbye to her Depute, Miss A. Paterson, after 32 years of service. She also was a Health Visitor of outstanding ability and well respected by all. It will be difficult to replace these two ladies who have been of such great value to the Department and to the Burgh.

Among the Vital Statistics for the year one of the most noticeable changes is in the illegitimate birth rate which rises sharply from 5.6% of the births in 1966 to 7.5% in 1967. This figure has doubled in the last ten years.

The other marked increase is in the deaths from lung cancer. This figure has been steadily increasing over the years and has risen from 74 in 1966 to 84 in 1967. Actual figures and a further analysis appears under the appropriate heading in the report.

During the year a survey of the feet of children in one of the schools was carried out by the Chiropody Department. This followed a complaint that there had been an apparent increase in verruca. Useful information was collected but there was no indication that the Public Baths were involved as a possible cause. A fuller report with a Statistical summary appears under the School Health Section.

In October 1967 the Mental Health Services were taken over from the Welfare Department and two Mental Health Officers appointed. A certain amount of re-organisation of the existing work and record keeping took place and the work was expanded in various ways. As far as the mentally subnormal were concerned all cases under guardianship of formal or informal nature were visited. All pupils leaving classes

for mentally handicapped were visited and followed up to assess their work potential. Useful liaison was built up with the senior occupation centres.

In the case of mental illness a strong tie was forged with the Hospital Service and the Consultants. We were notified of all discharges from hospital and followed these up. Referrals were also accepted from General Practitioners and from other sources both within and outwith the Department. A club has been built up and meets once a week. This is a joint venture with the hospital psychiatric services and suitable cases are referred here usually but not always, after dismissal from hospital.

During the year Arkleston House was opened as a Day Care Centre for severely handicapped children. The number of places occupied has been increased to 11 and will shortly reach 20, which is the maximum the Centre can take. There was a great need for such a facility in the town and the service is greatly appreciated by the parents of these children. In many cases the children are also benefitting from the expert nursing help available here.

The Senior Occupation Centres continue to have difficulty in providing sufficient places and talks are continuing as to the possibility of building custom built Centres.

The prime function of the Public Health Department has always been the prevention of illness and disability and the improvement of social conditions which often underlie physical disease. In the social field, in the prevention of break-down of family life, the Homecraft Centre at Ardmore Oval has played a notable part and results have been encouraging though, as would be expected, not spectacular. Families are slow at coming forward and we have had many refusals. In many cases these refusals come from families living outwith Ardmore Oval who refuse to attend the Centre in the Oval.

In the Geriatric field the clinics have remained in existence and are doing valuable work, but only cater for a small number of patients. However, much illness exists among the elderly in the community and it is important that there should be early ascertainment of this. In recent years the Diabetic Survey and the Mass Miniature Radiography Survey has shown the fact that there is much which is not diagnosed in the early stages. Consideration might be given as to how best to integrate screening methods of this type into the Geriatric Service.

We have always attempted to keep the question of Home Safety before the citizens of Paisley but despite this the deaths from home accidents are still in excess of the road deaths. As accidents of all sorts are now the biggest killer of school age children, everything that can be done, should be done to minimise this loss. Film shows and exhibitions have been poorly attended but this should not deter us from increasing our efforts in this field.

Despite all I have said in the introduction the health of Paisley is on the whole good. What I have attempted to do in this summary is to highlight the parts of the report which warrant further study and to indicate some of the greater problems facing the Department at present.

GEORGE A. MILLS,

Medical Officer of Health.

Public Health Department,
20 Back Sneddon Street,
PAISLEY, July, 1968.

STAFF

Medical Officer of Health

George A. Mills, M.P., Ch.E., D.P.H.

Depute Medical Officer of Health

Assistant Medical Officers

Sylvia J. Strachan, M.P., B.Sc.

William J. Haran, M.P., Ch.E.

Sheila M. O'Neill, M.B., Ch.E.

Mary C. Kelly, M.B., Ch.E., E.A.O.

Brenda Parker, M.B., Ch.E., D.P.H.

Superintendent Health Visitor

Miss M. Smith

Health Visitors

Miss D. Arnott,
Mrs. M. Fleming,
Miss J. Frederick,
Mrs. R. Hall,
Miss M. Hastings,
Miss A. Kemp,
Mrs. G. Lawrie,
Miss M. Leckie,

Mrs. M. Leonard,
Miss M. Morrow,
Mrs. W. McHugh,
Mrs. M. MacInnes,
Miss A. Paterson,
Mrs. B. Stewart,
Miss I. Stuart.

School Nurses

Mrs. T. Devlin,
Mrs. R. Jackson,

Miss F. Robertson,
Mrs. M. Walker.

Non-Medical Supervisor of Midwives

Miss Morag Campbell

Midwives

Miss A E. Aitken
Miss J. Baird
Miss R. Clark
Miss M. Hipson
Mrs. S C. Howie,
Miss B. McLellan,

Miss M. McMillan
Miss S. Robinson,
Mrs. M. Tavendale,
Miss M. Turner,
Mrs. A. Winning.

District Nurses

Superintendent - Post Vacant

Mrs. M. Beetham,
Mrs. M. Bowie,
Mrs. C. Brown
Mrs. H. Campbell.
Mrs. H. Eddie,
Mrs. M. Edgar,
Mrs. C. Galt

Mrs. M. McCallum,
Mrs. A. McLellan,
Miss A. Purves,
Mrs. D. Ross,
Mrs. M A Stewart,
Mrs. V. Watson.

Dietitian

Miss B L. McKenzie

Day Nurseries

Hugh Smiley,	Matron,	Mrs. A. Herd
Douglas Street,	Matron,	Miss N. Brown.
Castle Street,	Matron,	Miss M.M. Morrison.
Blackland,	Matron,	Mrs. M. McNeil.

Chapel House Residential Nursery

Matron, Miss Jessie Cameron

Arkleston Day Care Centre

Matron. Miss M C. Black

Domestic Help Service

Supervisor, Mrs. A. Rusk
Assistant Supervisor, Mrs. M. Neillie

Mothercraft Centre

Housemother - Mrs. A. Stewart
Housemother - Mrs. M.P. Devine

Chiropody Service

Chief Chiropodist - Mr. A.I. Adams.
Senior Chiropodists - Miss A. Aitken,
Mrs. A. Crawford,
Miss G.C. Fraser,
Miss M. Hunter.

Welfare Officers

Mr. Robert Roxburgh
Mr. Stephen Millar
Mr. Eric Mair

Mental Health Officers

Mr. William J. Spalding
Mr. Anthony Barrett

Clerical Staff

Mr G. Garrod, Chief Clerk
Miss N. Devlin, Administrative Clerkess

Mrs. M. Doherty,	Mrs. I. Moffat,
Mrs. M. Ferguson,	Miss M. McCulloch,
Mrs. D. Gibson,	Miss M. McGlinn,
Mrs. M. Hunter,	Miss V. McKelvie,
Miss W. Hunter,	Mrs. H. Pearson,
Miss E. Kirkpatrick,	Miss M. Tervit.

Clinic Attendants

Mrs. J. Gow,	Mrs. M. Simpson,
Miss I. Livingston,	Miss P. West.
Mrs. N. McCutcheon,	

C O N T E N T S

	Page
VITAL STATISTICS	1
i. Population	2
ii. Births	2
(a) Live Births (including illegitimate)	2
(b) Still-Births	2
iii. Deaths - Infant and Neonatal	3
iv. Deaths - (a) General	6
(b) Analysis of Deaths	9
(c) Deaths in various age groups	10
CONTROL OF INFECTIOUS DISEASES -	
General	11
CARE OF MOTHERS AND YOUNG CHILDREN -	
i. Ante-natal Clinics	14
ii. Post-natal Clinics	14
iii. Child Welfare Clinics	15
iv. Family Planning Clinic	16
v. Unmarried Mothers	17
vi. Cytological Service	17
vii. Day Nurseries	18
viii. Residential Nursery	18
ix. Developmental Assessment Clinic	20
x. Children 'At Risk'	21
xi. Analysis of known handicapping conditions present	22
xii. Ancillary Services - (a) Dental	23
(b) Artificial Sunlight	24
(c) Maternity Outfits	25
(d) Layettees	25
xiii. Welfare Foods	26
DOMICILIARY MIDWIFERY	27
PREMATURE BIRTHS	31
HEALTH VISITING	32
HOME NURSING	33
DOMESTIC HELP SERVICE	36
PREVENTION OF BREAK-UP OF FAMILIES	37
VACCINATION AND IMMUNISATION	38
TUBERCULOSIS	45
CHIROPODY	51
WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948	52
SCHOOL HEALTH SERVICE	53
MENTAL HEALTH	58
WORK UNDER THE NATIONAL ASSISTANCE ACT	63
ADMINISTRATION OF FACTORIES ACT 1961	64
HEALTH EDUCATION	68
HOME SAFETY	69
REHOUSING IN RELATION TO ILLNESS	72
MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS	73
CARE OF THE ELDERLY	74
CANCER OF THE LUNG	75
CIVIL DEFENCE	76
THE MALE HEALTHVISITOR	77
PROBLEM FAMILIES - A NEW APPROACH	82

PRESENTATION TO Dr. and Mrs K. CAMPBELL



Photograph by
Frank Hardy Studios

By kind permission of
Paisley Daily Express

PRESENTATION TO Miss N. SMITH and Miss A. PATERSON



Photograph by
Frank Hardy Studios

By kind permission of
Paisley Daily Express

VITAL STATISTICS

	<u>1966</u>	<u>1967</u>
Population at mid-year	95,800	95,500
Area of Burgh - Acres	6,369	6,369
Density of Population (persons per acre)	15.2	15.2
Birth Rate	18.9	19.9
Death Rate	11.9	11.9
Infant Mortality Rate (per 1,000 Live Births)	24	24
Neo-natal Mortality Rate (per 1,000 Live Births)	15	14
Still-Birth Rate (per 1,000 Total Births)	14	18
Maternal Mortality Rate (per 1,000 Total Births)	Nil.	Nil.
Pulmonary Tuberculosis Death Rate	0.11	0.05
Cancer Death Rate	20.91	21.30

POPULATION

The population of the Burgh as estimated by the Registrar General at 30th June 1967, was 95,500 being a *decrease* of 300 from the mid-year estimate of 95,800 for 1966.

This estimated figure gives a population density of 15.2 per acre of the Burgh.

BIRTHSLive Births -

The total number of live births during 1967 corrected for 'transfer' was 1,902 (970 males and 932 females) of which 142 or 7.5% were illegitimate births. This figure gives a birth rate of 19.9 per 1,000 of the population compared with a rate of 18.9 in 1966.

The following table shows the birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1958 to 1967.

<u>Year</u>	<u>Paisley</u>	<u>Live Births</u> <u>Rate per 1,000 of population</u>	
		<u>Large Burghs</u>	<u>Scotland</u>
1958	21.1	20.9	19.2
1959	20.0	20.3	19.1
1960	21.7	20.6	19.4
1961	21.5	21.0	19.5
1962	22.1	21.3	20.1
1963	21.1	20.6	19.7
1964	20.9	20.9	20.0
1965	20.2	20.1	19.3
1966	18.9	19.3	18.6
1967	19.9	19.2	18.6

The natural increase for the years, i.e., the excess of births over deaths was 766 compared with 676 in 1966.

Still Births -

The number of still-births after correction for 'transfer' was thirty-four giving a rate of eighteen per 1,000 total births compared with a rate of fourteen in 1966.

The following table shows the still birth rate for Paisley, compared with that for the Large Burghs and Scotland, for the years 1958 to 1967.

Still Births			
Rate per 1,000 of all births			
Year	Paisley	Large Burghs	Scotland
1958	24	25	23
1959	26	21	22
1960	24	22	22
1961	20	22	21
1962	26	21	20
1963	19	19	19
1964	29	20	18
1965	18	19	18
1966	14	18	16
1967	18	16	16

Infant Mortality -

During 1967, there were forty six deaths among children under 1 year of age as compared with forty-three in 1966. The infant mortality rate for the year was 24.0 per 1,000 live births and compares with the rate of 21 for Scotland, as a whole and 22 for the Large Burghs during the same period.

Year	Infant Mortality Rate per 1,000 Live Births	Still-birth Rate per 1,000 Total Births	Neo-natal Mortality Rate per 1,000 Live Births	Perinatal Mortality Rate per 1,000 Total Births	
				(a)	(b)
1962	29	26	21	43.6	46.9
1963	25	19	14	31.3	32.7
1964	27	29	18	47.0	48.0
1965	21	18	10	26.8	27.8
1966	24	14	15	27.0	29.2
1967	24	18	14	29.4	32.0

Neo-natal mortality refers to deaths under 1 month
 (a) - Still births plus deaths in first week of life
 (b) - Still births plus deaths under 1 month (28 days).

DEATHS OF CHILDREN UNDER 1 YEAR OF AGE

Rate per 1,000 of population				
Year	Number	Paisley	Large Burghs	Scotland
1958	60	29.4	29.0	27.7
1959	74	38.2	28.7	28.3
1960	47	22.2	27.5	26.3
1961	50	24.0	25.0	26.0
1962	61	29.0	27.0	27.0
1963	50	25.0	28.0	26.0
1964	54	27.0	24.0	24.0
1965	42	21.0	23.0	23.0
1966	43	24.0	22.0	23.0
1967	46	24.0	22.0	21.0

DEATHS UNDER 1 YEAR

Prematurity	...	...	...	...	15	
Congenital Abnormalities	...	...	...	...	10	(1 Congenital Heart Disease. (2 Chamber Heart Common Truncus Arteriosus. (1 Congenital Heart Disease. (1 Hydro-Anencephaly. (1 Prematurity, 1 hour. Atelectasis of Lungs. Congenital Cystic Disease of Kidneys. (1 Pneumonia. Respiratory Distress. Myelo Meningocele. Hydrocephalus. (1 Cyanotic Congenital Heart Disease. Atrial Septal Defect and Ventricular Septal Defect and Left Ventricular Outflow Abnormality. (2 Respiratory Failure. Anencephaly. (1 Congestive Heart Failure. Persistent Truncus Arteriosus. Pulmonary Artery Banding on 14.12.67. (1 Anencephalic Foetus.
Miscellaneous	...	...	...	...	22	(1 Asphyxia. Inhalation of Vomitus. (6 Asphyxia. Smothering. (1 Cerebral Birth Injury. (1 Enteritis. (1 Acute Laryngo Tracheo Bronchitis. (1 Mesenteric Thrombosis. Haemolytic Disease of Newborn. (1 Hypothermia. (1 Subdural Haemorrhage. Fracture of Skull. (2 Pneumonia. (1 Broncho Pneumonia. Pierre Robin Syndrome. (1 Septicaemia. (1 Acute Respiratory Infection. (1 Respiratory Insufficiency due to Non Expansion of the Lungs, 2 days. (1 Cerebral Palsy. (1 Fulminating Septicaemia, 1 day. Meningitis. (1 Cerebral Birth Trauma. Breech Delivery.

DEATHS UNDER 1 YEAR

PLACE OF BIRTH															
BORN AT HOME				BORN IN HOSPITAL											
Domiciliary Midwifery Service	Domiciliary Midwifery Service		Thornhill Hospital	Ross Hospital		Queen Mother's Hospital		St. Francis Nursing Home		Royal Maternity Hospital		TOTAL			
	M	F		M	F	M	F	M	F	M	F				
Under 1 Week	1		12	10								13	10		
1 - 2 Weeks	-		1	1								1	1		
2 - 3 Weeks															
3 - 4 Weeks		1			1										
4 Weeks - 3 Months	1	2	4	2								2	1		
3 - 6 Months	-		3	3	1				1			6	4		
6 - 9 Months												5	3		
9 - 12 Months	-		1									1			
Total	2	3	22	16	2				1		1	28	19		
STILL BIRTHS	-	2	11	17	1			1				14	20		

	Number of Deaths		Death Rate per 1,000 Live Births
	Male	Female	
Under 1 Week	13	10	12.2
1 - 2 Weeks	1	1	1.1
2 - 3 Weeks	-	-	-
3 - 4 Weeks	2	1	1.6
4 Weeks - 3 Months	6	4	5.3
3 Months - 6 Months	5	3	4.2
6 Months - 9 Months	-	-	-
9 Months - 12 Months	1	-	0.5
<i>Total</i> ...	28	19	24.9

DEATHS

General -

There were 1,136 deaths (573 males and 563 females) from all causes during 1967 compared with 1,138 deaths (554 males and 584 females) in 1966. The death rate for 1967 was 11.9 per 1,000 of population. The death rate in 1967 for the Large Burghs was 11.1 and for Scotland 11.5.

A synopsis of the Vital Statistics for the Years 1966-1967 is shown below

POPULATION AND AREA -					1966	1967
Population, estimated at 30th June					95,800	95,500
Area of Burgh in Acres					6,369	6,369
Density of Population per Acre					15.2	15.2
BIRTHS						
Total Live Births (including illegitimate Births					1,814	1,902
			Males		881	970
			Females		933	932
Birth Rate per 1,000 of population			Paisley		18.9	19.9
			Scotland		18.6	18.6
			Large Burghs		19.3	19.2
Total Illegitimate Births					101	142
Illegitimate Birth Rate per 100 Live Births			Paisley		5.6	7.5
			Scotland		6.4	6.9
			Large Burghs		5.6	6.4
Total Still Births					26	34
Still Birth Rate per 1,000 all Births			Paisley		14	18
			Scotland		16	16
			Large Burghs		18	16
DEATHS						
Total Deaths - All Causes					1,138	1,136
Death Rate per 1,000 of population			Paisley		11.9	11.9
			Scotland		12.3	11.5
			Large Burghs		11.8	11.1
Total Deaths from Tuberculosis - All forms					11	6
Tuberculosis Death Rate (All forms) per 1,000			Paisley		0.11	0.06
			Scotland		0.06	0.05
			Large Burghs		0.07	0.05
Total Deaths from Respiratory Tuberculosis					11	5
Respiratory Tuberculosis Death Rate per 1,000			Paisley		0.11	0.05
			Scotland		0.05	0.04
			Large Burghs		0.06	0.04
Total Deaths from Epidemic Diseases*					13	1
Epidemic Diseases Death Rate per 1,000			Paisley		0.14	0.01
			Scotland		0.11	0.02
			Large Burghs		0.08	0.02
Total Infant Deaths					43	46
Infant Mortality Rate per 1,000 live births			Paisley		24	24
			Scotland		23	21
			Large Burghs		22	22
Total Neonatal Deaths					28	27
Neonatal Death Rate per 1,000 live births			Paisley		15	14
			Scotland		15.2	13.8
Total Maternal Deaths						
Maternal Death Rate per 1,000 all births			Paisley			
			Scotland		0.2	0.2

*Typhoid Fever, Cerebro-spinal fever, Scarlet fever, Whooping Cough
Diphtheria; Influenza and Measles.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and Scotland, for each of the years 1958 to 1967 are given in the following table.

<u>Deaths</u>				
<u>Rate per 1,000 of population</u>				
<u>Year</u>	<u>Number</u>	<u>Paisley</u>	<u>Large Burghs</u>	<u>Scotland</u>
1958	1,187	12.3	11.3	12.0
1959	1,185	12.2	11.5	12.1
1960	1,126	11.6	11.2	11.9
1961	1,217	12.6	11.8	12.3
1962	1,159	12.0	11.7	12.2
1963	1,251	12.9	12.4	12.6
1964	1,066	11.0	11.2	11.7
1965	1,153	12.0	11.9	12.1
1966	1,138	11.9	11.8	12.3
1967	1,136	11.9	11.1	11.5

MARRIAGES

During 1967 there were 761 marriages within the Burgh. This is equivalent to a rate of 8.0 per 1,000 of population.

For comparative purposes the following table is submitted -

<u>Year</u>	<u>Number</u>	<u>Rate per 1,000 of population</u>
1958	792	8.2
1959	766	7.9
1960	751	7.7
1961	793	8.2
1962	795	8.2
1963	767	7.9
1964	779	8.1
1965	778	8.1
1966	788	8.2
1967	761	8.0

An analysis of the deaths during 1967 showing causes and age distribution is contained in the following tables.

CAUSES OF DEATH

	Actual Deaths	Percentage of Total Deaths
SYSTEMIC DISEASES -		
Malignant Neoplasms of respiratory system	84	
Malignant neoplasms of Lymphatic and haematopoietic tissues . . .	17	
Other malignant neoplasms	141	
Benign and unspecified neoplasms	3	
Diabetes Mellitus	18	
Anaemias	6	
Other general diseases	5	
Non-Meningococcal Meningitis	1	
Vascular lesions affecting central nervous system	198	
Other diseases of Nervous System	7	
Chronic Rheumatic Heart Disease	11	
Arteriosclerotic Heart Disease including Coronary Disease	258	
Degenerative Heart Disease	92	
Other Diseases of Heart	18	
Hypertensive Heart Disease	15	
Other Hypertensive Disease	8	
Other Circulatory Disease	45	
Influenza	1	
Pneumonia (except of Newborn)	13	
Bronchitis	41	
Other Respiratory Diseases	3	
Ulcer of Stomach and Duodenum	7	
Appendicitis	2	
Intestinal obstruction and hernia	9	
Gastritis, Duodenitis, Enteritis and Colitis (except diarrhoea of newborn)	9	
Cirrhosis of Liver	2	
Other Diseases of Liver	3	
Other digestive diseases	2	
Nephritis and Nephrosis	2	
Hyperplasia of prostate	7	
Infections of Kidney	10	
Diseases of skin and organs of locomotion	1	
Syphilis and its Sequelae	1	1,040 91.0
INFECTIOUS AND CONTAGIOUS DISEASES -		
Tuberculosis of respiratory system	5	
Tuberculosis, other forms	1	
Other infective and parasitic diseases	3	9 1.0
DISEASES OF INFANCY -		
Congenital malformations of nervous system and sense organs . . .	6	
Congenital malformations of circulatory system	5	
Other congenital malformations	1	
Birth injuries, postnatal asphyxia and atelectasis	9	
Other diseases peculiar to early infancy and immaturity unqualified	11	
Infections of the Newborn	2	34 3.0
DISEASES ASSOCIATED WITH PREGNANCY		
OTHERS -		
Motor Vehicle accidents	18	
Accidents in the Home	19	
Other violence	10	
Suicide and self-inflicted injury	6	53 5.0
Total		1,136

CONTROL OF INFECTIOUS DISEASES

GENERAL -

During 1967, 1,420 cases of infectious disease came to the notice of the Public Health Department. This was an *increase* of 288 on the 1966 figure of 1,192.

Such cases become known through statutory notification by general medical practitioners and hospital medical officers and by information supplied by schools and health visitors.

The statutory notifiable diseases are -

Anthrax	Pneumonia, Acute Primary
Cerebro Spinal Fever	Poliomyelitis
Cholera	Puerperal Fever
Continued Fever	Puerperal Pyrexia
Diphtheria and Membranous Croup	Scarlet Fever
Dysentery	Smallpox
Encephalitis Lethargica	Tuberculosis
Erysipelas	Typhus
Jaundice, Acute Infective	Typhoid Fever
Leprosy	Paratyphoid Fever
Malaria	Whooping Cough
Ophthalmia Neonatorum	Food Poisoning
Plague	(Notifiable from 1st August 1956).
Pneumonia, Acute Influenzal	

FOOD POISONING ..

Food poisoning in large groups is fortunately not a common occurrence but there are occasional small outbreaks and sporadic cases notified to the department, and investigated with a view to ascertaining the cause and the source of the infection. This however does not indicate the amount of work done by the department, as many cases of alleged food poisoning are investigated with negative results. In many cases these prove to be genuine food complaints which can be dealt with by the Food Inspector, though no food poisoning has occurred. This is a field in which the Medical Department and the Sanitary Department work frequently and closely together.

During the year, two cases of food poisoning were notified to the Department, both of which were individual cases.

There is no doubt that many more mild cases and possibly family outbreaks occur of which no notification is received and in many cases, as the condition may be transient, no medical attention is sought.

INCIDENCE OF NOTIFIABLE AND NON-NOTIFIABLE INFECTIOUS DISEASES - 1967

	Under 1 Year	1-4 Years	5-14 Years	15-24 Years	25-34 Years	35-44 Years	45-64 Years	65 Years & over	Total		1967	
									1966	1967	Inc.	Dec.
NOTIFIABLE -												
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-
Cerebro-spinal Fever	1	-	-	2	-	-	-	-	3	3	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-
Continued Fever	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	8	42	7	5	1	1	4	-	18	68	50	-
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	1	-	1	3	2	-	1
Jaundice - Acute Infective	-	-	2	-	-	-	-	-	3	2	-	1
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-
Pneumonia - Acute Influenzal	-	-	-	-	-	-	-	-	-	-	-	-
- Acute Primary	24	15	5	3	8	13	29	36	77	133	56	9
Polio-myelitis	-	-	-	-	-	-	-	-	-	-	-	-
Puerperal Fever	-	-	-	-	-	-	-	-	1	-	-	1
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	4	13	-	-	-	-	-	10	17	7	-
Smalipox	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis - Respiratory	1	-	4	6	6	7	11	7	41	42	1	-
- Non-Respiratory	-	-	1	-	-	-	1	-	2	2	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	-	-	-	1	-	-	1	-	2	2	-
Typhus	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	17	39	48	1	-	-	-	-	28	105	77	-
Gastro Enteritis	2	5	-	1	-	-	1	1	49	10	-	39
Food Poisoning	-	-	-	1	-	-	1	-	9	2	-	7
Enteritis	1	-	-	1	1	-	-	-	2	3	1	-
Encephalitis	-	-	-	-	-	-	-	-	-	-	-	-
NON-NOTIFIABLE -												
Glandular Fever	-	-	-	-	-	-	-	-	-	-	-	-
Chickenpox	-	38	570	-	-	-	-	-	232	608	376	-
Measles	-	20	113	-	-	-	-	-	369	133	-	236
Mumps	-	4	170	-	-	-	-	-	191	174	-	17
Pneumonia (other than above)	8	1	1	-	1	1	5	56	120	73	-	47
Rubella	-	-	41	-	-	-	-	-	25	41	16	-
TOTAL	62	168	975	20	18	23	52	102	1,192	1,420	586	358

INFECTIOUS DISEASES CONTROL

The routine work of this section continued throughout the year with little of note. Fortunately there were no outbreaks of infectious disease and the work consisted mainly of routine investigation and follow-up of patients and contacts.

The number of persons treated for scabies increased somewhat, and it may be that this problem will have to be looked at and treated more thoroughly as a social disease if the increase continues.

Disease control duties for the year are summarised thus :

Number of notifications visited	...	...	...	168
Number of Visits	...	...	...	629
Number of Disinfections - Dwelling Houses	...	...		-
- Bedding and/or clothing	..			2
- Parcel for abroad	.	...		-
Number of food handlers and hospital employees excluded from work	...	...	...	10
Number of persons treated - Scabies/Lice	...	...		75
Total Number of Specimens of Faeces (Nurseries included) collected	...	...	...	890

Seventy-five persons were treated for Scabies which is an increase from 1966. No cases were required to be cleansed of body lice.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS -

During 1967 the Local Health Authority continued to provide Clinic facilities at several centres throughout the Burgh as follows -

	<u>Weekly Sessions</u>			
	<u>Ante-Natal</u>	<u>Post-Natal</u>	<u>Mothercraft</u>	<u>Cytology</u>
Russell Institute, Causeyside St.	4	1	1	2
Ferguslie Clinic, Ferguslie ...	1	-	-	-
Mossvale Church, Greenock Road ..	1	-	-	-
Glenburn Clinic, Glenburn ...	1	-	-	-
Barscube Clinic, Hunterhill ...	1	-	-	-
Foxbar Clinic, Foxbar ...	1	-	-	-
<i>Total</i>	<u>9</u>	<u>1</u>	<u>1</u>	<u>2</u>

In all, these ante-natal clinics were attended by 889 expectant mothers and the total number of attendances made by them was 4,235. The number of post-natal mothers who attended for check-up following confinement was 145.

Statistics relating to these Clinics are contained in the Tables below -

Ante-Natal Consultations	Russell Institute Clinic	Ferguslie Clinic	Mossvale Clinic	Glenburn Clinic	Barscube Clinic	Foxbar Clinic	Total
Number of Expectant Mothers attending	515	129	55	70	37	83	889
Made up - New Cases	412	106	44	52	29	61	704
Re-attending	103	23	11	18	8	22	185
Total Number of Attendances	2,565	457	196	349	210	458	4,235
Number of Cases referred to Hospital	3	-	-	2	-	-	5
Source of New Cases -							
General Medical Practitioners ...	402	66	38	47	15	61	629
Midwife	-	-	-	-	-	-	-
Health Visitor	-	-	-	-	-	-	-
Own Accord	10	42	6	5	14	-	77
Referred from Other Areas	-	-	1	-	-	-	1

Mothercraft Classes

Total Number of Cases attending	88
Total Attendances	369

Post-Natal Consultations

Total Number of Cases attending	145
Total Attendances	155

CHILD WELFARE CLINICS

During the year Child Welfare Clinics were conducted from the following Centres -

	Weekly Sessions
Russell Institute	4
Ferguslie Clinic	9
Mossvale Clinic	1
Glenburn Clinic	9
Barscube Clinic	9
Foxbar Clinic	2
<i>Total</i>	<u>34</u>

A total of 4 140 children attended these Clinics during the year, and the total number of attendances was 22,018

The testing of children by Health Visitors to detect urinary phenylketonuria was commenced in 1960. Phenylketonuria, if undetected, can lead eventually to mental deficiency.

During 1967, testing was done on district by the Health Visitors and Domiciliary Midwives, and at birth in Hospitals. The testing was done by Phenistix Tests and by Guthrie Tests. One thousand seven hundred and thirty-six (13 Phenistix and 1,723 Guthrie) Tests were done during the year.

The statistics relative to Child Welfare and Special Clinics for 1967 are given in the Table below -

CHILD WELFARE CONSULTATIONS	Number of Children who attended the Clinics for the first time during the year			Total Number of Attendances made during year		
	Born in 1967	Born in 1966	Born 1962-65	Born in 1967	Born in 1966	Born 1962-65
Local Health Authority Clinics Total	1,527	1,291	1,322	9 354	8 395	4,269
<u>Clinics</u>						
Russell Institute	633	525	462	3 560	3 350	1 420
Ferguslie	282	251	306	1 550	1 285	735
Mossvale	80	71	114	604	517	544
Barscube	112	101	101	707	695	337
Glenburn	175	136	86	1 091	928	370
Foxbar	245	207	253	1 842	1 620	863

FAMILY PLANNING CLINIC -

The Family Planning Clinic has been held in the Russell Institute under the auspices of the Family Planning Association since 1950. Since then the clinic has become more popular and it now operates two sessions a week. The Family Planning Clinic has also co-operated with the Public Health Department in Cervical Cytology and this has been a great asset to us as well. The figures are shown under Cervical Cytology.

This year, for the first time, the Corporation recognised the work of the Association by giving a grant. This was used to augment the income of the Association at the Russell Institute, but there is a need to expand the work of the Association to branch clinics, and this can be considered in the coming year.

Details of the Family Planning Clinic are given below -

Number of New Cases	..	..	...	...	...	342
Paisley Burgh	...	...	...	...	...	185
Outwith Paisley	..	..	...	...	...	157

Details regarding above cases -

		Paisley Burgh	Outwith Paisley
Premarital (within 1 month of marriage)		14	14
Married with no children	...	26	21
Married with 1 child	...	53	35
Married with 2 children	...	48	43
Married with 3 children	...	26	29
Married with 4 children	...	11	11
Married with 5 or more children	...	6	5
Number of Re-attenders	...	...	1,784
Paisley Burgh	...	1,052	
Outwith Paisley	...	732	
Total Attendances	...	...	2,342
Paisley Burgh	...	1,363	
Outwith Paisley	...	979	

	NEW CASES		RE-ATTENDERS		Total
	Paisley Burgh	Outwith Paisley	Paisley Burgh	Outwith Paisley	
Number referred to General Practitioners	-	-	-	-	-
Number issued with Pill	89	57	433	275	854
Number issued with other Contraceptives	96	110	619	457	1,282

PROVISION MADE FOR UNMARRIED MOTHERS DURING 1967 -

During 1967, arrangements were made for the admission of unmarried mothers to various Homes to await the birth of their babies. Details of this are given below

St. Gerard's Mother & Baby Home Bishopton -

2 Cases - Admitted 5/1/67. Discharged 19/2/67.
Admitted 2/7/67. Discharged 19/11/67.

Clevedon House, Salvation Army Home, Glasgow -

4 Cases - Admitted 8/2/67. Discharged 30/3/67.
Admitted 27/4/67. Discharged 1/6/67.
Admitted 26/4/67. Discharged 29/6/67.
Admitted 28/6/67. Discharged 31/8/67.

Lansdowne House Church of Scotland Home, Glasgow -

2 Cases - Admitted 31/5/67. Discharged 9/8/67.
Admitted 24/5/67. Discharged 5/8/67.

Mother and Baby Hostel, Athol House, Glasgow -

1 Case - Admitted 11/11/67. Discharged 31/1/68.

CERVICAL CYTOLOGY -

The number of examinations carried out during the year was 2,356 which again shows a very substantial increase in the numbers, and shows an increasing demand for this service. Out of those examined, six had an operation, other than purely diagnostic, carried out.

CYTOLOGY - 1967

Number of Cervical Smears done - (Family Planning Association, Ante-natal and Post-natal Clinics. Industrial Premises)...	...	...	2,356
Number of Sessions held at Russell Institute	...	...	97
Number of Sessions held at Industrial Premises	...	...	37
Number of Sessions held at Family Planning Clinic	...	...	92
Total Number of Sessions	...	...	226

CLINICAL SUMMARY

	Industrial Premises	Russell Institute Clinic	Family Planning Clinic	Total
No. of New Cases	584	1,209	409	2,202
No. of Recalls seen	9	119	26	154
No. of Total Attendances	593	1,328	435	2,356
Classifications -				
1. Negative	585	1,311	429	2,325
2. Suspicious	2	4	4	10
3. Positive	-	2	1	3
4. Unsatisfactory Slide	6	11	1	18
No. of Recalls requested	50	145	59	254
No. referred to Gynaecologist	1	14	8	23
No. failed to attend	-	1	-	1
Minor Procedures only	-	9	7	16
Amputation of Cervix	1	-	-	1
Total Hysterectomies	-	4	1	5

DAY NURSERIES -

During 1967, the Town Council continued to provide 210 places in Day Nurseries for children under 5 years of age.

There were 187 admissions and 156 children ceased to attend. These admissions and dismissals were as follows -

	<u>Admissions</u>				<u>Dismissals</u>			
	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>
Castle Street,	27	22	21	70	14	6	34	54
Hugh Smiley,	9	10	16	35	7	10	22	39
Douglas Street,	11	12	6	29	2	6	11	19
Blackland,	11	14	28	53	4	8	32	44

The incidence of Infectious Disease was as follows -

	<u>Rubella</u>	<u>Measles</u>	<u>Mumps</u>	<u>Whooping Cough</u>	<u>Chickenpox</u>	<u>Dysentery</u>
Castle Street	1	1	3	-	1	5
Hugh Smiley	1	2	8	-	9	31
Douglas Street	-	2	6	2	9	1
Blackland	-	3	4	2	1	-
	<u>2</u>	<u>8</u>	<u>21</u>	<u>4</u>	<u>20</u>	<u>37</u>

	<u>Admissions</u>				<u>Dismissals</u>			
	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>	<u>Babies</u>	<u>Tweenies</u>	<u>Toddlers</u>	<u>Total</u>
Crosslet House, Dumbarton,	6	5	1	12	12	2	1	15

CHAPEL HOUSE RESIDENTIAL NURSERY -

During 1967, 87 children (sixteen under 1 year; fifty-two aged 1-3 years, nineteen aged 3-5 years) were admitted to the Nursery and eighty-five were dismissed.

The reasons for these 87 children being admitted were as follows -

1. Mother going into Hospital -	(a) Confinement	21
	(b) Surgical Operation	16
	(c) Sanatorium Treatment	2
	(d) Mental Illness	6
	(e) Medical Treatment	2
2. Mother requiring holiday and rest		1
3. Child deserted		6
4. Transferred back from Hospital		14
5. Rehabilitation of unmarried mother		1
6. Homeless child		4
7. B.C.G. Segregation		1
8. Death of Parent		2
9. Reason unknown		5
10. Child under par and requiring care and attention		3
11. Neglect		3

An analysis of the eighty-five children dismissed from the Nursery during 1967 shows that the average length of stay per child was five weeks. Details of length of stay are as follows -

Under 1 week	20	9 - 10 weeks	-
1 - 2 weeks	15	10 - 11 weeks	-
2 - 3 weeks	13	11 - 12 weeks	-
3 - 4 weeks	7	12 - 13 weeks	-
4 - 5 weeks	2	13 - 14 weeks	-
5 - 6 weeks	5	14 - 15 weeks	2
6 - 7 weeks	7	15 - 16 weeks	-
7 - 8 weeks	5	Over 16 weeks	7
8 - 9 weeks	2		

In addition to these children, twelve children who could not be accommodated in Chapel House were transferred to Crosslet Residential Nursery, Dumbarton. Fifteen children were discharged from Crosslet Nursery during the year.

NURSERY SERVICE

	Approved for Training	No. of Approved Places		No. of Children on Register at end of year		Average Daily attendances during year		Waiting lists at end of year	
		Years 0-2 2-5		Years 0-2 2-5		Years 0-2 2-5		Years 0-2 2-5	
Chapel House Residential Nursery	Yes	10	10	6	4	6	4	4	3
Castle Street Day Nursery .	Yes	15	45	15	50	12	46	69	183
Hugh Smiley Day Nursery ...	Yes	20	30	16	30	15	26	70	54
Douglas Street Day Nursery	Yes	20	30	15	41	10	38	24	56
Blackland Day Nursery ...	Yes	30	20	30	20	24	18	7	15

Thirty-five Handicapped Children were taken care of in the Day Nurseries in 1967.

Primordial Dwarfism .	...	...	...	...	1
Mental Retardation ..	...	...	...	...	12
Maladjustment ...	...	...	...	...	4
Mongolism ...	...	...	...	...	4
Spina Bifida .	...	...	...	...	1
Spastic Paralysis (Retarded mentally)	...	...	...	...	1
Spastic Paralysis ...	...	...	...	...	1
Convulsions ..	...	...	...	...	2
Nephritis ...	...	...	...	...	1
Physically Retarded .	...	...	...	...	1
Aortic Ring ..	...	...	...	...	1
Poor Speech ..	...	...	...	...	4
Cleido Cranial Dysostosis ..	...	...	...	...	1
Frbs Palsy ...	...	...	...	...	1
					<u>35</u>

Twenty-three of the children tested on the Griffith's Mental Development Scale were either in a day nursery or admitted to the nursery after tests.

Student Nursery Nurses -

Three Students were presented in 1967 for the Nursery Nurses Certificate.

Three Students passed both Written and Practical Examinations.
No Students were presented for Practical Examination only.
One Student obtained a Pass with Merit.

DEVELOPMENTAL ASSESSMENT CLINIC

The baby assessment clinic has now been in operation for eight years, and a wealth of information has been gained. The children seen at the clinic are usually referred by their own doctors or by health visitors, but a number are seen at the request of a parent.

The work is highly specialised and takes a great deal of time and patience. Its value can be measured by the numbers attending the clinic

The test used is mainly that devised by Dr. Griffiths. Many of the children tested are as young as three months old, but even at this early stage, a sound forecast of their future development can be made.

GRIFFITH'S TESTS 1960/1967

	1960	1961	1962	1963	1964	1965	1966	1967
No. of Cases	31	32	18	35	21	23	56	36
No. of Tests	36	45	34	39	22	23	57	36
No. of Defaulters	-	-	-	-	-	8	11	12
<u>Distribution of Cases</u>								
Normal	10	7	7	10	4	10	4	8
Markedly Retarded	9	-	5	23	7	8	21	12
Slightly Retarded	-	-	-	-	7	3	26	8
Premature - Low Average/Retarded	4	11	-	-	-	-	-	-
Cerebral Palsy (Mentally Retarded)	2	2	1	2	-	-	-	-
Cerebral Palsy (Normal)	-	1	1	-	-	-	-	1
(Mongol - Retarded/Low Grade)	1	1	1	-	3	2	5	2
Cretin (Slow eventually normal)	1	-	-	-	-	-	-	-
Coeliac Disease (Slow eventually normal)	1	-	-	-	-	-	-	-
Speech Retardation (Dull)	1	-	-	-	-	-	-	-
Speech Retardation	-	8	1	-	-	-	-	-
Maternal Deprivation	1	-	-	-	-	-	-	-
Overweight and Deprivation	-	1	-	-	-	-	-	-
Grossly Mentally Handicapped	-	1	-	-	-	-	-	-
Dwarfism (Low Average)	-	-	1	-	-	-	-	-
Spina Bifida (Mentally Retarded)	-	-	1	-	-	-	-	2
Epilepsy (Normal)	1	-	-	-	-	-	-	-
Hyperkinesia	-	-	-	-	-	-	-	1
Hydrocephalus	-	-	-	-	-	-	-	1
Phenylketonuria	-	-	-	-	-	-	-	1

'AT RISK' CHILDREN - BORN IN 1967

'At Risk' Babies	Born in 1967	Percentage of Total Births
Reason for Admission to Register	Total	
Prolonged, Precipitate or Instrumental labour	79	
Birth Asphyxia	75	
Premature Birth (i.e. 36 weeks and earlier)	45	
Abnormal Presentation	14	
Toxaemia	11	
Low Birth Weight in relation to Gestational Age	11	
Blood Group Incompatibilities	6	
Multiple Pregnancy	4	
Family in a 'social problem' group	3	
Placental Insufficiency	3	
Mother unusually young or elderly (Primipara, below 18 and over 30 years - Multipara, above 35 years of age)	2	
Severe illness necessitating chemotherapy or major surgery occurring in early months	2	
Neonatal Jaundice (hyperbilirubinaemia)	2	
Any serious illness or infection in first few months of life	2	
Ante-partum haemorrhage	1	
Deafness, blindness, neurological diseases, cerebral palsy, epilepsy, etc	1	
Hyperemesis	1	
Maternal Diabetes	1	
Presence of any congenital abnormality (large head)	1	
Convulsions	1	
Any serious infection among relatives or persons residing at the child's home	1	
<i>Total ..</i>	<i>266</i>	<i>13.98</i>

Of the above 266, 4 Died and 8 were Transferred Out during the year.

MEDICAL REVIEW OF 'AT RISK' CHILDREN BORN IN 1963

Total No on 'At Risk' Register in 1963	271
No. who have Died	7
No. Transferred to Handicap Register	29
No. gone out of Town by end of 1967	60
No. of Children available for examination during 1967	175
No. of Children brought for examination	143 81.71%
(Letters were first sent out during the Month of child's fourth birthday).	
Total No. of Medical Examinations	143
Total No. of Urine Tests (2 found abnormal)	109
No. of Children referred to Medical Consultant	6
No. of Children referred to Surgical Consultant	3
No. of Children referred for Speech Therapy	3

ANALYSIS OF KNOWN HANDICAPPING CONDITIONS PRESENT IN CHILDREN
UNDER 5 YEARS OF AGE IN 1967

Speech Defect (necessitating Speech Therapy)	2
Mental Retardation - Severe	14
Less Severe	30
	44
Cerebral Damage - Cerebral Palsy - Severe	5
Less Severe	3
	8
Congenital Heart Disease	26
Spinal Cord Defect - Spina Bifida - Operation - Walking	-
Drainage - Not Walking	9
No operation - Not Walking	2
No operation - Walking	1
	12
Talipes Equino Varus	7
Mongolism	14
Cleft Palate	2
Hare Lip and Cleft Palate	4
	6
Deafness	3
Partial Blindness	1
Epilepsy	2
Congenital Dislocation of Hip	9
Congenital Cataract	1
Convulsions - Frequent (On Drugs) - Mental Retardation	3
Normal	7
	10
Albinism	2
Pancreatic Disorder	2
Phenylketonuria - Mental Retardation	2
Normal	1
	3
Coeliac Disease	2
Thyroid Deficiency	1
Foot Deformity	1
Thalidomide Defect	1
Prader Willi Syndrome	1
Other Congenital Abnormalities	5
Hydrocephalus - Mental Retardation	3
Normal	1
	4
Achondroplasia	1
Leukaemia	2
Facial Paralysis	1
Cleido-cranial Dysostosis	1
Adrenogenital Syndrome	1
Henoch Schonlein Purpura	1
Brain Tumour	1
Perthes Disease	1
Diabetes	3
Psychosis	1
Nephroblastoma	1
Tumour of Spine	1
	1
	182

ANCILLARY SERVICES

The Town Council continued during 1967 to provide certain Specialised Services in conjunction with its ante natal post natal and Child Welfare Clinics

One Dental Clinic per week was held at The Russell Institute Clinic. The Dental Units at Ferguslie, Glenburn and Foxbar Clinics were also in operation

Examinations and conservative treatments are carried out by dentists employed by Renfrewshire Education Committee in their School Dental Service.

In all two hundred and eight persons thirteen adults and one hundred and ninety five children were examined and of these seven adults and one hundred and eighteen children completed treatment

DENTAL TREATMENT - AUGUST 1966 to JULY 1967Ante Natal and Post Natal Cases

	Attendances			Treatments			
	No. of Inspections	Total Attendances	Completed Treatment	Fillings	Extract ions	Other	Total
Ante Natal ...	4	11	7	18	4	4	48
Post-Natal ..	1	2		7	1	1	12
<i>Total</i>	5	13	7	25	5	5	60
Number of X-Rays				10			

Pre School Children

	Attendances			Treatments			
	1st Attendances	Total Attendances	Completed Treatment	Fillings	Extract ions	Other	Total
Routine ...	153	458	116	342	82	21	1 172
Special ..	42	63	2	1	21	2	131
<i>Total</i>	195	521	118	343	103	23	1 303
Number of X Rays							

ARTIFICIAL SUNLIGHT CLINIC

The Artificial Sunlight Clinic has continued in operation and apart from dealing with children from the Child Welfare Clinics has also dealt with cases referred by Tuberculosis Physicians and the School Medical Officers.

Number of Cases	162
Number of Attendances	1,118

Cases referred from Chest Clinic - 11

New Cases	4
Re-attenders	7
Total Attendances	85

Cases Treated -

Asthma	1 (still attending)
Bronchitis	2 (suspended treatment)
Bronchitis	5 (still attending)
Bronchial Catarrh	2 (still attending)
Respiratory Infection	1 (suspended treatment)

Of the above 11 cases -

Treatment suspended	3
Treatment continuing	8

Child Welfare Cases referred by Child Welfare Clinics - 89

New Cases	53
Re-attenders	36
Total Attendances	540

Cases Treated -

Asthma	2 (still attending)
Anaemia	1 (still attending)
Bronchitis	6 (still attending)
Bronchial Catarrh	4 (still attending)
Bronchial Catarrh	1 (improved - treatment suspended)
Chesty	4 (improved - treatment suspended)
Chesty	1 (ceased attending prematurely)
Cardiac	1 (still attending)
Debility	20 (well - discharged)
Debility	31 (still attending)
Deformity of Cervical Spine	1 (improved - treatment suspended)
Frequent Colds	2 (still attending)
Genu Valgum	1 (well - discharged)
Genu Valgum	3 (still attending)
Genu Varum	1 (well - discharged)
Genu Varum	2 (still attending)
Respiratory Infection	1 (well - discharged)
Rickets	5 (still attending)
Mentally Retarded	1 (physical condition improved - suspended)
Pigeon Chest	1 (well - treatment suspended)

Of the above 89 Cases -

Treatment suspended	8
Ceased attending prematurely	1
Discharged	23
Treatment continuing	57

Cases referred by School Medical Officer - 62

New Cases	34
Re-attenders	28
Total Attendances	493

Cases Treated -

Acne	5 (well - discharged)
Acne	1 (still attending)
Asthma	2 (still attending)
Bronchial Catarrh	10 (improved - treatment suspended)
Bronchial Catarrh	1 (well - discharged)
Bronchial Catarrh	2 (still attending)
Bronchitis	1 (well - discharged)
Bronchitis	4 (still attending)
Bronchitis	1 (ceased attending prematurely)
Bronchitis	7 (improved - treatment suspended)
Breathlessness	1 (well - discharged)
Chesty Colds	2 (still attending)
Chesty Colds	1 (improved - treatment suspended)
Chilblains	2 (still attending)
Debility	5 (ceased attending prematurely)
Debility	4 (improved - treatment suspended)
Debility	2 (well - discharged)
Frequent Colds	2 (well - discharged)
Frequent Cold	1 (still attending)
Frequent Boils	1 (still attending)
Growing Pains	1 (well - discharged)
Papular Urticaria	1 (treatment suspended)
Post Pertussis Cough	1 (well - discharged)
Skin Condition	1 (still attending)
Rheumatism	1 (still attending)
Rheumatism	1 (improved - treatment suspended)
Psoriasis	1 (still attending)

Of the above 62 cases -

Treatment suspended	24
Discharged	14
Treatment continuing	18
Ceased attending prematurely	6

In addition to these Specialised Clinics the Local Health Authority continued to implement their scheme for the care of mothers and young children by supplying maternity outfits free of charge to all expectant mothers who are confined in their own homes and layettes for necessitous and exceptional cases. During 1967, 278 maternity outfits and sixteen layettes were supplied.

WELFARE FOODS

The demand for National Dried Milk is being replaced by a demand for branded Dried Milk. This has resulted in a gradual fall of work at the Maxwell Street Centre and an increase in the work at the Russell Institute. It was obvious that several advantages would accrue from a transference of the sale of Dried Milk from Maxwell Street to the Russell Institute. The difficulty was to find a suitable place in the Russell Institute but this problem was solved and the transfer has been planned. This will also create more space at Back Sneddon Street for a very badly needed extension of office premises.

This was the thirteenth full calendar year during which the Local Health Authority was responsible for the distribution of welfare foods (National Dried Milk, Orange Juice, Cod Liver Oil, Vitamins A and D Tablets). Distribution takes place on certain days from the Clinics at Glenburn, Ferguslie and Foxbar as well as the daily distribution (Monday - Saturday) at the Central Distribution Centre at Maxwell Street. Foxbar Clinic commenced selling welfare foods in November, 1967.

The turnover of Welfare Foods is considerable. On an average the following quantities of food are distributed each week.

	Central Centre, Maxwell Street	Glenburn Clinic	Ferguslie Clinic	Total	Foxbar Clinic
National Dried Milk (Tins)	157	13	41	211 (305)*	5
Orange Juice (Bottles)	320	53	32	405 (393)*	32
Cod Liver Oil (Bottles)	45	4	6	55 (59)*	4
Vitamins A & D Tablets (Packets)	13	3	1	17 (17)*	3

(*Last year's weekly average)

To enable our mothers to take advantage of the various foods and vitamins we have made certain of these available for purchase at all our Clinics. The undernoted table shows the sale of these during the year.

	Russell Institute	Glenburn	Foxbar	Barscube	Mossvale	Ferguslie	Total
Adexolin	3,309	715	397	239	373	275	5,308
Baby Rice	554	116	17	-	-	102	789
Chocolate Milk	657	252	22	-	-	176	1,107
Deirosa	8,663	1,815	1,525	432	465	442	13,342
Farex	617	141	29	-	-	8	795
Farelene	1,112	204	64	-	-	214	1,594
Ribena	9,909	1,430	1,319	562	504	589	14,313
Twin-Pack	613	272	41	-	-	97	1,023
Vitavel	2,600	457	840	145	119	158	4,319
Ostermilk	26,156	4,519	754	2,492	1,244	5,333	40,498
Carella	51	118	-	-	-	-	169
Bisks	-	228	65	-	-	118	411
Farex Fingers	-	277	28	-	-	180	485

DOMICILIARY MIDWIFERY

Although this is a most efficient and well equipped service, its services are being less used than previously and it has not been found necessary to replace staff who have left.

There are an increasing number of women having normal confinements in hospital and coming out after a brief stay. These early dismissals increase the number of Post-natal visits required but such work does not require the specialised skill of a trained midwife.

MIDWIFERY STATISTICS

Total Number of Births including Still-births occurring in the Area after correction for Mother's residence	1,918
Number of Births in Ross Maternity Hospital	179
Number of Births in Thornhill Hospital, Johnstone	1,426
Number of Births in Other Areas	102
Number of Births occurring at Home	211
Number of Still-Births in Total	34
Cases dealt with under Section 23(2) National Health Service (Scotland) Act, 1947	209
Made up -	
Doctor engaged and present at Confinement	31
Doctor engaged and not present at Confinement	172
Midwife (alone) (no Doctor engaged)	6

PUPIL MIDWIVES TRAINING AT NURSES HOME

Number of Students received during Year	49
Thornhill Hospital, Johnstone	8
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh	18
Maternity Section, Ayrshire Central Hospital, Irvine	23
Ross Hospital, Paisley	-
Number of Resident Students at 31st December, 1967	4
Simpson Memorial Maternity Pavilion, Royal Infirmary, Edinburgh	2
Maternity Section, Ayrshire Central Hospital, Irvine	2
Number of Non-Resident Students at 1st January, 1967	1
Thornhill Hospital, Johnstone	1
Number of Non-Resident Students received during Year	8
Thornhill Hospital, Johnstone	8
Ross Maternity Hospital, Paisley	-
Number of Non-Resident Students at 31st December, 1967	-

DOMICILIARY MIDWIFERY STATISTICS

Total Number of Cases booked	272
Total Number of Cases attended	316
Total Number of Cases delivered on District	209
Total Number of Emergency Cases (not booked) delivered on District	6
Total Number of Abortions attended on District	

Number of Cases delivered by Midwife only	172
Number of Cases delivered by Midwife and Doctor	6
Number of Emergency Cases (not booked) attended by Doctor only	5
Number of Emergency Cases (not booked) attended by Midwife only (Normal delivery)	1
Number of Cases requiring Medical Aid at Confinement	25

Conditions requiring medical aid in the above 25 Deliveries -

Post Partum Haemorrhage	8
Retained Placentae	3
Delayed Labour (Normal deliveries)	3
Repair of Perineum	1
Foetal Distress	7
Pre-eclamptic Toxaemia	1
Malpresentation	1
Abnormality (Anencephalus)	1
	25

Total Number of Cases transferred to Hospital in labour (24) -

Reasons for above Transfers -

Delayed Labour	13
Premature Labour	1
Foetal Distress	5
Malpresentation	2
Ante Partum Haemorrhage	3
	24

Of the above 24 Cases transferred to Hospital in labour, all were dismissed early in the puerperium and nursed at home.

Total Number of Cases admitted to Hospital after delivery (9) -

Reasons for above admissions -

Retained Placentae	5
Post Partum Haemorrhage	2
Phlebitis	1
Mild Codeine Poisoning	1
	9

Of the above 9 Cases admitted to Hospital after delivery, all were dismissed early in the puerperium and nursed at home.

Total Number of Cases transferred to Hospital during Ante-natal Period (54) -

Reasons for above transfers -

Pre-eclamptic Toxaemia	18
Ante Partum Haemorrhage	7
Rhesus Factor	3
Post Maturity	10
Disproportion	1
Medical (outwith pregnancy)	3
Malpresentation	6
Premature rupture of membranes	4
Twin Pregnancy	1
Domestic Reasons	1
	54

Of the above 54 Cases admitted to Hospital during Ante-natal period, 50 were dismissed early in the puerperium and nursed at home.

Total Number of Cases dismissed from Domiciliary Midwifery Service (21) -									
Reasons for above cancellations -									
Medical reasons ...	...	...	...	...	...	...	...	9	
Rhesus Factor ...	...	...	...	...	...	...	...	2	
Domestic Reasons ..	...	...	...	...	...	...	...	3	
Twin Pregnancy ...	...	...	...	...	...	...	...	3	
Malpresentations...	...	...	...	...	...	...	...	2	
Placenta Praevia ..	...	...	...	...	...	...	...	2	21
Transferred to Other Authorities (left Paisley) ...									1
Total Number of Post-natal Visits paid (1st ten days of Puerperium) .									3,090
Total Number of Ante-natal Visits ...									5,531
Domiciliary Visits paid by Midwives ..	...	...	...	...	...	...	...	3,266	
Domiciliary Visits paid by Doctors ...	...	...	...	...	...	...	...	2,265	
Clinic Visits ...	...	...	...	...	...	...	...	-
Total Number of Infants born ...									209
Total Number of Infants born alive ...									207
Total Number of Infants still-born ...									2
Total Number of Twins born (sets) ...									-
Reasons for Still-births -									
Anencephalus ...	...	...	...	...	...	...	...	1	
Cause unknown (Doctor only - Emergency Case (not booked))..	...	...	...	...	...	...	...	1	
Total Number of Infants admitted to Hospital (other than those admitted with Mother) (6) -									
Reasons for the above admissions -									
Hypothermia ...	...	...	...	...	...	...	...	1	
Prematurity ...	...	...	...	...	...	...	...	1	
Atelectasis ...	...	...	...	...	...	...	...	1	
Tetany of the Newborn (Calcium Deficiency) ...	...	...	...	...	...	...	...	2	
Cleft Palate ...	...	...	...	...	...	...	...	1	6
Total Number of Neo-natal Deaths .									-
Maternal Deaths ...									-
Still-birth Rate (2 in 209 born) .									0.95%
Total Number of Cases to whom Gas and Air Analgesia was given in labour ...									109
Total Number of Cases to whom Pethilorfan was given in labour ...									125
Supervisory Visits (outwith all other numbers) .									1,384
Total Number of Hospital Cases dismissed early in the puerperium and nursed at home ...									829

THE TABLE BELOW GIVES THE NUMBER OF CASES DELIVERED IN HOSPITALS AND OTHER INSTITUTIONS, WHO WERE DISCHARGED AND ATTENDED BY DOMICILIARY MIDWIVES, INDICATING WHICH DAY OF PUERPERIUM THE MIDWIVES COMMENCED THEIR VISITS.

1967	1st Day	2nd Day	3rd Day	4th Day	5th Day	6th Day	7th Day	8th Day	9th Day	10th Day	11th Day	12th Day	13th Day	14th Day	15th Day	Over 15 Days	Total
JANUARY	-	-	4	5	24	20	1	-	-	-	-	-	-	-	-	-	54
FEBRUARY	-	7	6	3	15	20	1	-	-	-	-	-	-	-	-	-	52
MARCH	-	-	6	3	21	22	2	-	-	-	-	-	-	-	-	-	54
APRIL	-	6	6	8	23	24	1	2	-	-	-	-	-	-	-	-	70
MAY	-	5	12	8	40	23	4	3	-	-	-	-	-	-	-	-	95
JUNE	1	2	4	6	27	29	-	-	-	-	-	-	-	-	-	-	69
JULY	-	-	3	5	31	29	5	2	-	-	-	-	-	-	-	-	75
AUGUST	-	4	7	15	33	30	5	3	-	-	-	-	-	-	-	-	97
SEPTEMBER	-	-	4	5	23	28	3	3	-	-	-	-	-	-	-	-	66
OCTOBER	-	-	3	6	39	43	4	-	-	-	-	-	-	-	-	-	95
NOVEMBER	-	3	6	10	26	25	-	-	-	-	-	-	-	-	-	-	70
DECEMBER	-	-	-	6	18	8	-	-	-	-	-	-	-	-	-	-	32
Total	1	27	61	80	320	301	26	13	-	-	-	-	-	-	-	-	829

Number of Cases visited 1st to 6th day of Puerperium

790

Number of Cases visited 7th day to over 15 days of Puerperium

39

HEALTH VISITING

It has been found very difficult to maintain a Staff of Health Visitors. Few recruits are coming forward even as trainees and many of those who desire training are not accepted because of the high standard of general education demanded by the training schools. It is hoped that, as the Department is now playing a greater part in the training of nurses for the S.R.N. in the Royal Alexandra Infirmary, more interest will be stimulated in Public Health, and in the long run increase the number of recruits. Meantime we find ourselves continually with districts having no regular Health Visitor, and these have to be covered using time which Health Visitors should be spending in their own areas.

NUMBER OF VISITS PAID BY HEALTH VISITORS DURING 1967

						<u>No. of Cases</u>	<u>No. of Visits</u>
Expectant Mothers	...	...	...	...	...	290	542
Children born in 1967	...	...	...	...	...	1,870	8,578
1966	...	...	...	...	...	2,570	8,964
1962-65	...	...	...	...	...	4,373	11,197
School Children ..	...	...	...	...	...	54	141
Persons aged 65 and over	...	...	...	...	...	442	1,177
Mental Health Care and After-care	...	...	...	...	...	118	400
Other Hospital After-care	...	...	...	...	...	2	2
Tuberculous Households ..	...	...	...	...	...	485	703
Other Infectious Diseases	...	...	...	...	...	170	632
Other	...	...	...	...	...	570	872
						<hr/>	<hr/>
					<i>Totals</i> ...	<u>10,944</u>	<u>33,208</u>

The Special After-care visits made by Health Visitors to children under five dismissed from Hawkhead Infectious Diseases Hospital have been discontinued, the reason being that no note of these dismissals is now received from the Hospital.

HOME NURSING

It was reported last year that the Home Nursing Service was without a Supervisor and this has remained the case during 1967. However, the question of appointing a Supervisor has again been under discussion and it is felt that it would have several advantages to replace the Home Nursing Supervisor and the Health Visitor Supervisor by a single Supervisor of the two Nursing Services, and this will result in some re-organisation within the Services to the benefit of both.

Meantime the Home Nursing Service continues to function well under the Depute Supervisor and shows an increase in the work done.

1967

Number of Patients attended	806
Number aged 65 and over	505
Number of Visits paid	25,853
Number of visits paid to 65 and over	15,840

Diseases	No of Patients			No. of Visits			Termination of Cases			
	M.	F.	Total	M.	F.	Total	Con- vales- cence	Trans- fer to Hosp- ital	Died	Contin- uing at 31st Decr. 1967
Abdominal . . .	21	34	55	358	510	868	44	3	2	6
Accidents . . .	3	6	9	28	196	224	7	1	-	1
Amputations . .	2	4	6	33	184	217	1	4	-	1
Cancer . . .	25	34	59	362	775	1,137	7	12	33	7
Cardiac . . .	16	35	51	517	631	1,148	11	11	18	11
Cerebral Haemorrhage . .	35	80	115	1,255	2,500	3,755	17	39	29	30
Diabetes . . .	1	17	18	5	4,134	4,139	2	4	1	11
Gynaecological . .	-	4	4	-	81	81	3	-	-	1
Nervous . . .	5	19	24	411	1,041	1,452	5	8	-	11
Respiratory . .	14	29	43	329	431	760	25	10	2	6
Rheumatism . .	3	31	34	214	1,437	1,651	7	9	2	16
Operations - Tonsils and Adenoids . . .	-	-	-	-	-	-	-	-	-	-
Senile Decay . .	12	28	40	354	938	1,292	7	8	16	9
Other Conditions	63	285	348	1,000	8,129	9,129	179	46	23	100
<i>Total</i>	200	606	806	4,866	20,987	25,853	315	155	126	210

CLASSIFICATION OF FIRST VISITS IN AGE GROUPS

Total Number of First Visits Paid 806

Under 1 year	...	...	...	...	1
1 - 4 years	...	...	...	...	6
5 - 14 years	...	...	...	...	13
15 - 24 years	...	...	...	...	25
25 - 34 years	...	...	...	...	32
35 - 44 years	...	...	...	...	29
45 - 64 years	...	...	...	...	195
65 years and over	...	...	...	...	505

AGE GROUPS OF CASES VISITED DURING 1967

Diseases	No. of Patients	Under 1 year	1-4 years	5-14 years	15-24 years	25-34 years	35-44 years	45-64 years	65 years and over
Abdominal	M 21 F 34	- -	- -	1 1	4 3	- 2	1 5	7 11	8 12
Accidents	M 3 F 6	1 -	- 1	- -	- -	- -	1 -	- 1	1 4
Amputations	M 2 F 4	- -	- -	- -	- -	- -	- -	1 2	1 2
Cancer	M 25 F 34	- -	- -	- -	- 1	- -	2 1	17 12	6 20
Cardiac	M 16 F 35	- -	- -	- -	- -	- -	- -	5 7	11 28
Cerebral Haemorrhage	M 35 F 80	- -	- -	- 3	- -	- 2	1 1	5 13	29 61
Diabetes	M 1 F 17	- -	- -	- -	- -	- -	1 -	- 6	- 11
Gynaecological	M - F 4	- -	- -	- -	- -	- 1	- 1	- 1	- 1
Nervous	M 5 F 19	- -	- -	- -	1 4	1 -	- 4	3 8	- 3
Respiratory	M 14 F 29	- -	- -	2 -	- 3	1 3	- 3	5 7	6 13
Rheumatism	M 3 F 31	- -	- -	- -	- -	- -	- -	1 11	2 20
Operations - Tonsils and Adenoids	M - F -	- -	- -	- -	- -	- -	- -	- -	- -
Senile Decay	M 12 F 28	- -	- -	- -	- -	- -	- -	- -	12 28
Other Conditions	M 63 F 285	- -	3 2	4 2	3 6	1 21	1 7	16 56	35 191
Totals	M 200 F 606	1 -	3 3	7 6	8 17	3 29	7 22	60 135	111 394

NUMBER AND TYPE OF INJECTION GIVEN BY HOME NURSING SISTERS

	No. of Patients			No. of Visits			Age		Termination of Cases			
	M.	F.	Total	M.	F.	Total	- 65 years	65 years and over	Con- vale- scence	Trans- fer to Hosp- ital	Died	Contin- uing at 31st Decr. 1967
Penicillin ...	13	20	33	112	127	239	23	10	28	3	-	2
Versalyl ..	3	9	12	264	174	438	6	6	6	1	1	4
Streptomycin ...	4	5	9	42	326	368	8	1	4	3	-	2
Imferon ..	3	36	39	50	482	532	19	20	31	5	-	3
Jectofer ..	7	19	26	91	256	347	12	14	20	3	-	3
Cytamen ..	9	79	88	251	1,786	2,037	14	74	21	7	4	56
Autogen B ...	-	-	-	-	-	-	-	-	-	-	-	-
Insulin ...	1	17	18	5	4,134	4,139	7	11	2	4	2	10
Durabolin ...	-	-	-	-	-	-	-	-	-	-	-	-
Cortisone ...	4	19	23	309	720	1,029	20	3	8	4	2	9
Morphine Sulphate	-	-	-	-	-	-	-	-	-	-	-	-
Other Injections	4	10	14	205	353	558	11	3	5	1	1	7
<i>Total</i>	48	214	262	1,329	8,358	9,687	120	142	125	31	10	96

DOMESTIC HELP SERVICE

The Domestic Help Service continues to give valuable assistance in the community and the demand on its service has increased greatly over the last year and has had to be met by the employment of a larger number of helps. This has only been slightly offset by the drop in the numbers required for home confinements, consequent on the lessened demand for this service.

(i) Number of Domestic Helps employed at end of year ...	126
(a) Whole-time ...	69
(b) Part-time ...	57
(ii) Number of Cases for which Helps were provided during year ...	727
(iii) Number of Cases in (ii) dealt with on account of confinement ...	51
(a) At Home ..	32
(b) In Hospital ...	19
(iv) Number of Cases in (ii) provided on account of Chronic Sickness including aged and infirm .	564

There were seventeen new full-time cases in the year. Nine (53%) paid the full cost of the service and of the 363 new part-time cases, sixty-eight (18.7%) paid the full cost of the service to them. The other cases paid for the service according to the assessment made on their income.

The various categories undertaken during 1967 are shown below -

	<u>Full-time help</u>	<u>Part-time help</u>	<u>Percentage of all new cases</u>
Aged . . .	-	100.0%	65.3%
Chronic Sick ..	-	100.0%	0.3%
Tuberculosis ...	-	100.0%	1.0%
Maternity ...	23.5%	76.5%	13.4%
Others ...	9.5%	90.5%	20.0%

PREVENTION OF THE BREAK UP OF FAMILIES

The Homecraft Centre at Ardmore Oval has been in operation since August, 1965.

During 1967, nine families have been under training. Four completed a period of training in the centre. All families who have been in for training are kept under observation by the housemother and Mental Health Officer. The number at present under observation is nine. All the families have benefitted to some extent. Some have made good progress and approach normality. With all, the tendency is to regress, but this has been minimized by continuing supervision. Since the outset two families have reached the point of minimal supervision and might be discharged.

Many cases outwith the Oval refuse care at the Centre and there is a case for opening another Centre outwith Ardmore Oval.

VACCINATION AND IMMUNISATION

VACCINATION AGAINST SMALLPOX -

During 1967, 1,869 vaccinations (1,097 primary and 772 re-vaccinations) were notified as having been carried out within the Burgh.

	Takes	No Takes	Not Examined	Total
Primary	1,047	13	37	1,097
Re-vaccination	644	50	78	772

IMMUNISATION AGAINST DIPHTHERIA -

Fourteen years have passed since last there was a case of Diphtheria in the Burgh. This outstanding achievement has only been possible by full scale immunisation in childhood, and it is heartening to see the numbers of children immunised increasing each year.

DIPHTHERIA IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	1	-	-	-	1
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
1967	-	-	1	-	-	1
<i>Total</i>	-	1	1	-	-	2

DIPHTHERIA IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	5	-	-	-	5
1959	-	3	-	-	-	3
1960	-	6	-	-	-	6
1961	-	12	-	-	-	12
1962	-	1	-	-	-	1
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
1967	-	-	-	-	-	-
<i>Total</i>	-	27	-	-	-	27

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

PRIMARY INOCULATIONS

Nil.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION -

MAINTENANCE INOCULATIONS

Nil.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-
1954	-	-	-	-	-
1955	-	-	-	-	-
1956	-	1	-	-	1
1957	-	-	-	-	-
1958	-	-	-	-	-
1959	-	1	-	-	1
1960	1	1	-	-	2
1961	-	-	-	-	-
1962	-	5	1	-	6
1963	3	2	5	1	11
1964	4	4	9	3	20
1965	5	15	20	-	40
1966	205	217	310	1	733
1967	147	186	254	4	587
<i>Total</i>	365	432	599	5	1,401

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION
MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-
1954	-	1	-	-	1
1955	-	-	-	-	-
1956	-	1	-	-	1
1957	-	4	-	-	4
1958	-	3	-	-	3
1959	-	-	-	-	-
1960	-	4	-	-	4
1961	-	25	1	-	26
1962	-	36	3	-	39
1963	-	7	-	-	7
1964	-	6	-	-	6
1965	-	34	2	-	36
1966	-	17	1	-	18
1967	-	-	-	-	-
<i>Total</i>	-	138	7	-	145

QUADRILIN IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	1	-	-	1
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	1	-	-	1
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	1	-	-	1
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	3	-	-	3
1966	-	-	11	-	-	11
1967	-	-	-	-	-	-
<i>Total</i>	-	-	17	-	-	17

QUADRILIN IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	-	-	-	-	-
1959	-	-	1	-	-	1
1960	-	-	1	-	-	1
1961	-	-	1	-	-	1
1962	-	-	1	-	-	1
1963	-	-	-	-	-	-
1964	-	-	1	-	-	1
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
1967	-	-	-	-	-	-
<i>Total</i>	-	-	5	-	-	5

DIPHTHERIA AND TETANUS IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	1	-	-	-	1
1958	-	4	-	-	-	4
1959	-	35	-	-	-	35
1960	-	48	-	-	-	48
1961	-	81	-	-	-	81
1962	-	4	-	-	-	4
1963	-	1	-	-	-	1
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
1967	-	-	-	-	-	-
<i>Total</i>	-	174	-	-	-	174

DIPHTHERIA AND TETANUS IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	-	-	-	-
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	1	-	-	-	1
1957	-	295	-	-	-	295
1958	-	389	-	-	-	389
1959	-	538	-	-	-	538
1960	-	819	2	-	-	821
1961	-	826	-	1	-	827
1962	-	137	-	1	-	138
1963	-	1	-	-	-	1
1964	-	-	-	-	-	-
1965	-	-	-	1	-	1
1966	-	-	-	-	-	-
1967	-	-	-	-	-	-
<i>Total</i>	-	3,006	2	3	-	3,011

TETANUS IMMUNISATION - PRIMARY INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	154	-	-	154
1954	-	-	11	-	-	11
1955	-	-	10	-	-	10
1956	-	-	13	-	-	13
1957	-	-	12	-	-	12
1958	-	-	12	-	-	12
1959	-	-	15	-	-	15
1960	-	-	8	-	-	8
1961	-	-	10	-	-	10
1962	-	-	13	-	-	13
1963	-	-	4	-	-	4
1964	-	-	11	-	-	11
1965	-	-	6	-	-	6
1966	-	-	1	-	-	1
1967	-	-	-	-	-	-
<i>Total</i>	-	-	280	-	-	280

TETANUS IMMUNISATION - MAINTENANCE INOCULATIONS

Year of Birth	At Russell Institute	At School	By Family Doctor	At Subsidiary Clinics	At Nurseries	Total
1953 or earlier	-	-	3	-	-	3
1954	-	-	-	-	-	-
1955	-	-	-	-	-	-
1956	-	-	-	-	-	-
1957	-	-	-	-	-	-
1958	-	1	-	-	-	1
1959	-	-	-	-	-	-
1960	-	-	-	-	-	-
1961	-	-	-	-	-	-
1962	-	-	-	-	-	-
1963	-	-	-	-	-	-
1964	-	-	-	-	-	-
1965	-	-	-	-	-	-
1966	-	-	-	-	-	-
1967	-	-	-	-	-	-
<i>Total</i>	-	1	3	-	-	4

NUMBER GIVEN OPAL POLIOMYELITIS DURING 1967

Year of Birth	1 Dose Only	2 Doses Only	3 Doses Complete Course	4th Dose Booster	Total
1953 or earlier	1	2	7	12	22
1954	-	-	-	2	2
1955	-	-	-	1	1
1956	-	-	-	2	2
1957	-	-	-	1	1
1958	-	-	-	-	-
1959	-	-	-	1	1
1960	-	-	1	6	7
1961	1	-	3	560	564
1962	3	2	8	702	715
1963	7	1	20	4	32
1964	8	5	17	8	38
1965	23	17	54	33	127
1966	61	54	704	26	845
1967	102	47	328	-	477
<i>Total</i>	206	128	1,142	1,358	2,834

NUMBER WHO COMPLETED COURSE OF ORAL POLIOMYELITIS DURING 1967

Year of Birth	Number given 1 Dose (2 doses given 1966)	Number given 2 Doses (1 dose given 1966)	Total
1953 or earlier	1	-	1
1954	-	-	-
1955	-	-	-
1956	-	-	-
1957	1	-	1
1958	-	-	-
1959	-	-	-
1960	-	-	-
1961	1	-	1
1962	2	1	3
1963	2	-	2
1964	1	1	2
1965	14	7	21
1966	88	89	177
1967	-	-	-
<i>Total</i>	<i>110</i>	<i>98</i>	<i>208</i>

NUMBER GIVEN POLIOMYELITIS INJECTIONS DURING 1967 ... Nil.

TUBERCULOSIS

The number of notifications of tuberculosis in 1967 is substantially the same as last year, as is the number of patients in Sanatoria. The Mortality Rate, after a temporary rise last year, has fallen to 0.05 per 1,000 population.

The downward trend in Tuberculosis figures which was very noticeable in the late 1950's and early 1960's is becoming much slower and in some age groups, stationery.

Having reached the hard core of this problem, it may now be necessary to evaluate afresh the methods used in tuberculosis control.

Year	Notifications			Deaths			
	Number of Cases		New Cases of Respiratory Disease per 1,000 population	Number of Deaths		Rate per 1,000 population	
	Respiratory	Non-Respiratory		Respiratory	Non-Respiratory	Respiratory Deaths	Deaths from all forms of Tuberculosis
1958	137	5	1.40	15	-	0.16	0.16
1959	38	5	0.40	16	1	0.17	0.18
1960	48	2	0.49	16	-	0.16	0.16
1961	71	9	0.73	18	-	0.19	0.19
1962	76	13	0.78	12	1	0.12	0.13
1963	62	7	0.64	17	-	0.18	0.18
1964	69	3	0.71	17	-	0.18	0.18
1965	65	6	0.73	7	-	0.07	0.07
1966	41	2	0.43	11	-	0.11	0.11
1967	42	2	0.43	5	1	0.05	0.06

In 1967 new cases of Respiratory Tuberculosis notified numbered forty-two (0.43 per 1,000) as against forty-one (0.43 per 1,000) in 1966. The peak year was 1950 with 203 (2.09 per 1,000) new cases notified.

Table A shows the number of tuberculosis cases notified during 1967. These are divided into Respiratory and Non-Respiratory and arranged according to age and sex.

NOTIFICATIONS BY AGE AND SEX

		Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 65 years	65 years and over	Total
RESPIRATORY	Males ..	-	-	2	2	2	3	10	4	23
	Females ..	1	-	2	4	4	4	1	3	19
	Total	1	-	4	6	6	7	11	7	42
NON-RESPIRATORY	Males ...	-	-	-	-	-	-	-	-	-
	Females ..	-	-	1	-	-	-	1	-	2
	Total	-	-	1	-	-	-	1	-	2
RESPIRATORY AND NON-RESPIRATORY	Males ..	-	-	2	2	2	3	10	4	23
	Females ..	1	-	3	4	4	4	2	3	21
	Total ...	1	-	5	6	6	7	12	7	44

The mortality from Respiratory Tuberculosis during 1967 was 0.05 per 1,000 of population and compares with the rate of 0.11 in 1966.

KNOWN CASES WITHIN THE AREA AND ON TUBERCULOSIS REGISTER

		<u>Respiratory Tuberculosis</u>	<u>Non- Respiratory Tuberculosis</u>	<u>Total</u>
At 31st December 1960	..	949	93	1,042
1961	.	947	102	1,049
1962	.	852	113	965
1963	...	840	101	941
1964	.	871	103	974
1965	-	919	64	983
1966	-	914	53	967
1967	-	929	53	982

Age and Sex distribution of all known Cases within the Burgh at 31st December, 1967

			Cases in Age Groups								
			Under 1 year	1 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 35 years	35 and under 45 years	45 and under 65 years	65 years and over	Total
RESPIRATORY	Males	...	-	1	13	28	82	117	217	65	523
	Females	...	-	1	5	28	68	158	129	17	406
NON-RESPIRATORY	Males	...	-	-	6	6	4	8	1	-	25
	Females	...	-	-	3	5	6	3	9	2	28
RESPIRATORY AND NON-RESPIRATORY								Males	...	...	548
								Females	...	...	434
											982

Number of Persons who died from Tuberculosis within the Burgh during 1967
with particulars of period elapsing between notification and death

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at or after death	-	-	-	-
Notified less than 1 month before death . . .	-	-	-	1
Notified from 1 - 3 months before death . . .	-	1	-	-
Notified from 3 - 6 months before death . . .	1	-	-	-
Notified from 6 - 12 months before death . . .	-	-	-	-
Notified from 1 - 2 years before death . . .	1	-	-	-
Notified over 2 years before death . . .	2	-	-	-
Total	4	1	-	1

Number of Cases of Respiratory Tuberculosis which received treatment in
Sanatoria during the year 1967

		Number of Patients				
		In Sanatoria on 1st January 1967	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31st December 1967
Under 15 years	Males . .					
	Females . .		1	1		
15 44 years	Males . . .	3	15	14		4
	Females . . .	2	20	18		4
45 years and over	Males . .	8	24	21	3	8
	Females . . .	7	9	11	1	4
	<i>Males . .</i>	<i>11</i>	<i>39</i>	<i>35</i>	<i>3</i>	<i>12</i>
	<i>Females . .</i>	<i>9</i>	<i>30</i>	<i>30</i>	<i>1</i>	<i>8</i>
	<i>Total</i>	<i>20</i>	<i>69</i>	<i>65</i>	<i>4</i>	<i>20</i>

Two cases of tuberculosis were awaiting admission to hospital at the end of 1967

CONTACT CONTROL -

Contacts are followed up, adults being x-rayed, children being tested and offered B.C.G. or x-rayed. The numbers dealt with are shown in the following tables.

Three schools' contact classes were skin tested and given B.C.G. or x-rayed.

1. Contacts Tested -Children -

Tested		Mantoux -ve Offered B.C.G.	
M.	F.	M.	F.
46	50	36	34

2. Contacts X-rayed -

	X-rayed		Suspicious or Active T.P.	
	M.	F.	M.	F.
Adults ...	14	44	-	-
Children ...	49	49	1	-
<i>Total</i>	<i>63</i>	<i>93</i>	<i>1</i>	

B.C.G. VACCINATION -

This is regarded as a most useful adjunct to the control of tuberculosis, especially in infants. Wherever possible, every newly born baby is vaccinated against tuberculosis, and all school children are given an opportunity of being vaccinated.

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	45	-	6	-	6
Medical Students ...	-	-	-	-	-	-
Contacts	46	50	36	34	32	31
School Leavers ...	895	790	708	623	685	601
Newborn Babies ...	-	-	-	-	884	836
Students	-	-	-	-	-	-
Others	36	39	31	35	29	35
<i>Total</i>	<i>977</i>	<i>924</i>	<i>775</i>	<i>698</i>	<i>1,630</i>	<i>1,509</i>

B. C G VACCINATION IN SCHOOLS 1967 -

In 1967 as in 1966 all school children who were found to be Mantoux positive were x-rayed in order to make certain that their chests were free from infection.

All children born between September 1953 and June 1954 were offered B.C.G. together with children over this age not already vaccinated.

The Table below shows an analysis of the vaccinations carried out in Schools.

Tested	Mantoux +ve		% +ve No Prev. B.C.G.	-ve	% -ve	De- fault- ters	B.C.G.	Mantoux -ve Not given B.C.G.	Referred for X-ray	X-ray -ve	X-ray +ve
	Prev. B.C.G.	No Prev. B.C.G.									
Males ...	895	122	58	708	79.10	7	685	23	181	171	-
Females ...	790	123	39	623	78.86	5	601	22	160	150	-
Total	1,685	245	97	1,331	-	12	1,286	45	341	321	-

CHIROPODY

The Chiropody Services, which are supplied primarily for the elderly, are still in great demand and have expanded to the branch clinics and will be opening shortly also in Foxbar Clinic.

Some difficulty has been encountered over the last year in maintaining the Domiciliary Service. A large number of older people are staying at home, often alone, and are virtually unable to reach clinics. Many are in need of Chiropody and are dependent on us being able to maintain the Domiciliary Service, which is often of great help in making them mobile again.

The following figures give the statistics for the year

	CENTRAL CLINIC		FERGUSLIE CLINIC		GLENBURN CLINIC		DOMICIL- IARY		INSTITUTIONAL					
									R.A.I. Annexe		Stanely House		Speirsfield House	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
First Visits .	81	206	-	-	-	-	19	45	12	11	1	-	-	1
Return Visits .	1298	4587	349	1296	286	1193	317	1161	397	329	74	156	63	155
Number of Treatments	1379	4793	349	1296	286	1193	336	1206	409	340	75	156	63	156
<i>Total Treatments</i>										<u>12,037</u>				

The total of 12,037 treatments shows an increase compared with the 11,904 treatments carried out in 1966.

CHIROPODY TREATMENTS - 1967

	Total Number of Treatments given	Total Number of sessions worked	Average Number of Treatments given per session	Average Number of Appointments made per session
Local Health Authority Clinics -				
Central Clinic	6,172	1,309	4.7	5
Ferguslie Clinic	1,645	463	3.5	4.5
Glenburn Clinic	1,479	313	4.7	4.8
Domiciliary Visits	1,542	358	4.3	4.4
Institutional Visits -				
R.A.I. Annexe	749	91	8.2	8.2
Stanely House	231	19	12.1	12.1
Speirsfield House	219	19	11.5	11.5

WORK UNDER NURSERIES AND CHILD MINDERS' REGULATION ACT 1948

Two private day nurseries were in operation during 1967. The part-time day nursery at Foxbar Community Centre was opened in May, 1967.

Fairhill Private Nursery -

During the year 48 children of ages ranging from 3 years to 5 years were admitted. Of these children none attended for a full day, and all attended half-day only.

			<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Admissions ...	...	...	28	20	48
Number of Discharges ...	...	...	26	22	48

The reasons for the 48 children being admitted were as follows -

Children preparing for School .	...	...	...	...	37
Child whose mothers are at work	...	...	...	...	11

The incidence of Infectious Diseases was as follows -

Chickenpox	...	...	...	...	...	...	7
Measles ..	...	...	...	...	...	...	2
Mumps ...	...	...	...	...	...	...	1

Foxbar Play Centre -

During the period from opening until the end of the year 70 children of ages ranging from 3½ years to 5 years were admitted. Of these children none attended for a full day, and all attended half-day only.

			<u>Male</u>	<u>Female</u>	<u>Total</u>
Number of Admissions ...	...	...	38	32	70
Number of Discharges ...	...	...	6	5	11

The reasons for the 70 children being admitted were as follows -

Children preparing for School	70
---------------------------------	-----	-----	-----	-----	----

The incidence of Infectious Diseases was as follows -

Measles	4
-------------	-----	-----	-----	-----	-----	-----	---

A number of enquiries were received during the year from individuals interested in operating private Nurseries or 'Play Groups'. Each of these enquiries was dealt with by a discussion with the person asking for Registration, and a full investigation of the facilities which they were offering. As a result all of them withdrew their applications after being made aware of the difficulties involved in running a Day Nursery.

SCHOOL HEALTH SERVICE

There is an increasing load of work being placed on the School Health Service despite the fact that so far we have been unable to augment the staff as has been necessary for some time if this part of the work is to have the attention it deserves.

This year there has been a very heavy increase in the number of children examined for fitness for School Camps and School Holidays of various types.

There has also been a large increase in attendance at minor ailment clinics. This has followed the transfer of minor ailment clinics twice a week from the Russell Institute to Ferguslie Clinic. The increase in work is approximately 20% more than in previous years.

On 16th March, 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1966 the agreed arrangements continued to operate satisfactorily. The following Tables contain some facts on the work carried out during the school session 1966/1967 within the Burgh of Paisley.

Foot Survey -

A Foot Survey of children was carried out by the Chiropody Department in one of the Schools following a suspicion that there was an outbreak of Verruca. The school in question consisted of a primary and secondary department. The following is a summary of the results of this Survey.

576 Boys and 632 Girls were examined, making a total of 1,208 children.

Of this number, 375 or 31.04% did not attend public baths.

Of the 833 attending baths, 23 or 2.76% had verruca.

Of the 375 not attending baths, 12 or 3.2% had verruca.

Thirty five or 2.89% of all children examined in the school suffered from verruca. This was not considered to be above the average amount of verruca and was not considered indicative of an epidemic.

Furthermore the percentage of non-attenders at the baths had in fact a higher incidence of verruca than the attenders at the baths. The bath water could not therefore be considered a serious factor in the spread of verruca.

SCHOOL SESSION 1st AUGUST 1966 to 31st JULY 1967

TABLE 1

<u>GENERAL STATISTICS -</u>		
Population of Area (Paisley)	95,808	
Number of Primary Schools under Education Authority	19	
Number of Secondary Schools under Education Authority	4	
Number of Secondary Schools under Education Authority with Primary Departments	8	
Number of Special Schools serving the Area	3	
Number of Special Classes in Ordinary Schools	-	
Number of Children on the Registers	19,674	
Number of Children in average attendance	18,015	
<u>CLINICAL STATISTICS -</u>		
Number of Children examined at Routine Medical Inspections -		
Nursery Schools	116	
Entrants	1,847	
Born : 1957	1,562	
1953	1,560	
1950	564	
1959 (Vision and Hearing only)	1,547	
TOTAL NUMBER OF CHILDREN EXAMINED	7,196	
Number of Re-examinations	196	
Number of Non-routine Examinations and Cleanliness Examinations	17,832	
Number of Home Visits	95	
Number attending Medical Officer's Clinic	333	
Number of Children examined for School Camps	530	
Number of Examinations made for Children attending School Camps	1,185	
Number of Children examined for Educational Cruise	368	
Number of Examinations made for Children attending Cruise	534	
Number of Children examined for Licence to work outwith School Hours	170	
TOTAL NUMBER OF EXAMINATIONS	21,243	
	New Cases	Total Attendances
Number of Children treated at Minor Ailments Clinic for -		
Injuries, Cuts, Bruises, etc.	31	58
Diseases of Ear, Nose and Throat	38	274
Diseases of the Eye	29	91
Diseases of the Skin	730	4,211
Other Conditions	634	639
Totals	1,462	5,273

SCHOOL YEAR - SEPTEMBER 1966 to JUNE 1967

TABLE II

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

								No. of Defects	Nurses' Non-Routine Special Cases
1	<u>CLOTHING</u> -								
	Unsatisfactory ..	...	...	...	...	...	...	1	5
2	<u>FOOTWEAR</u> -								
	Unsatisfactory ..	...	...	...	...	...	...	2	2
3	<u>UNCLEANLINESS</u> -								
	(a) Head .	...	...	...	...	...	...	10	669
	(b) Body .	...	...	...	...	...	...	7	195
4	<u>SKIN</u> -								
	(a) Head - Ringworm	...	...	...	...	...	...	3	2
	Impetigo	...	...	...	...	...	...	-	-
	Other Diseases	...	...	...	...	...	...	49	13
	(b) Body - Ringworm	...	...	...	...	...	...	6	-
	Impetigo	...	...	...	...	...	...	2	2
	Scabies	...	...	...	...	...	...	3	-
	Other Diseases	...	...	...	...	...	...	155	55
5	<u>NUTRITIONAL STATE</u> -								
	Slightly defective	...	...	...	...	...	...	57)	1
	Bad	...	...	...	...	...	...	8)	
6	<u>MOUTH AND TEETH</u> -								
	Unhealthy	...	...	...	...	...	...	261	1
7	<u>NASO-PHARYNX</u> -								
	(a) Nose - (i) Obstruction, requiring observation	...	...	...	...	...	...	52)	
	(ii) Obstruction, (probably adenoids),	...	...	...	...	...	...	13)	-
	requiring operative treatment	...	...	...	...	...	...	77)	
	(iii) Other conditions	...	...	...	...	...	...
	(b) Throat - (i) Tonsils requiring observation	...	...	...	...	...	...	205)	-
	(ii) Tonsils requiring operative treatment	...	...	...	...	...	...	58)	
	(c) Glands - (i) Requiring observation	...	...	...	...	...	...	46)	-
	(ii) Requiring operative treatment	...	...	...	...	...	...	9)	
8	<u>EYES</u> -								
	(a) External Diseases - Blepharitis ..	...	...	...	...	...	...	36)	
	Conjunctivitis	...	...	...	...	...	...	6)	
	Corneal Opacities	...	...	...	...	...	...	13)	8
	Strabismus	...	...	...	...	...	...	41)	
	Other Diseases	...	...	...	...	...	...	9)	
	(b) Visual Acuity - Number examined ..	...	...	...	...	5,456			25
	With Glasses - Good	...	...	218)					
	Fair	...	...	21)					
	Bad	...	...	4)					
	Without Glasses - Good	...	...	5,089)					
	Fair	...	...	115)					
	Bad	...	...	9)					

Referred for Refraction 31

SCHOOL YEAR - SEPTEMBER 1966 to JUNE 1967

TABLE II (continued)

FINDINGS OF MEDICAL INSPECTIONS - PAISLEY BURGH -

						No. of Defects	Nurses' Non-Routine Special Cases
9. EARS -							
	(a) Diseases - Otorrhoea	...	...	...	...	9)	
	Other Diseases	...	...	...	...	15)	3
	(b) Defective Hearing - Grade I	...	...	...	...	12)	
	Grade IIa	..	...	...	...	3)	
	Grade IIb	..	...	...	...	-)	2
	Grade III	..	...	...	...	-)
10. SPEECH -							
	Defective Articulation	...	...	...	...	11)	
	Stammering	...	...	...	...	4)	-
11. MENTAL AND NERVOUS CONDITION -							
	(a) Backward	..	...	...	...	14)	
	(b) Dull	...	...	...	...	2)	
	(c) Mentally defective (educable)	...	...	...	...	1)	
	(d) Mentally defective (ineducable)	...	...	...	...	-)	-
	(e) Highly nervous unstable	...	...	...	...	8)	
	(f) Difficult in behaviour	..	...	...	...	42)	
12. CIRCULATORY SYSTEM -							
	(a) Organic Heart Disease -						
	(i) Congenital	...	...	...	...	8)	
	(ii) Acquired	...	...	...	...	10)	2
	(b) Functional Conditions	...	...	...	...	33)	
13. LUNGS -							
	Chronic Bronchitis	..	...	...	...	14)	
	Suspected Tuberculosis	...	...	...	...	10)	-
	Other Diseases	..	...	...	...	63)	
14. DEFORMITIES -							
	(a) Congenital	...	...	...	...	35)	
	(b) Acquired (Infantile Paralysis)	..	...	...	...	3)	
	(c) Acquired (Probable Rickets)	...	...	...	...	13)	-
	(d) Acquired (Other Diseases)	..	...	...	...	46)	
15. INFECTIOUS DISEASES						5	1
16. OTHER DISEASES OR DEFECTS						91	-

REFERRED TO SPECIALIST CLINICSTABLE III

	Pre-School Children		School Children	
	New Cases	Total Attendances	New Cases	Total Attendances
Eye Specialist	2	3	369	493
E.N.T. Specialist ...	14	23	201	453
Audiometric Clinic ...	-	-	83	145
Orthopaedic Specialist .	101	240	71	258
Skin Specialist	29	88	28	106
Remedial Exercises Clinic ...	-	-	245	3,331
<i>Totals</i>	146	354	997	4,786

CHILDREN REFERRED TO SPEECH THERAPISTTABLE IV

Number of Pre-School Children ...	10
Number of School Children ..	8

CHILDREN TREATED AT MINOR AILMENT CLINICTABLE V

	New Cases	Total Attendances
Injuries, Cuts, Bruises, etc. ...	31	58
Diseases of Ear, Nose and Throat ...	38	274
Diseases of the Eye ...	29	91
Diseases of the Skin ..	730	4,211
Other Conditions ...	634	639
<i>Totals</i>	1,462	5,273

MENTAL HEALTH

The responsibilities devolving on the Public Health Authorities under the Mental Health Acts were taken over by this Department from the Welfare Department in October, 1967. Despite the fact that much progress has been made by the new Service, there is still much to be done. The Department undertakes work in connection with Mentally Subnormal, Mentally Ill, Alcoholics, and may be involved with drug addiction though fortunately there has been no serious indication of this so far.

Progress of the Service to the end of the year has been outlined in the introduction.

During 1967, thirty-four cases of mental illness were admitted to hospital, all of whom were certified.

During 1967, one case of mental deficiency was certified. One case (one female) was admitted to an institution.

It was not necessary to re-certify any defectives attaining the age of 16 years. No cases were placed under guardianship.

The waiting list for admission to an institution at the end of the year numbered three (three females).

Arkleston Day Care Centre ..

					<u>Admissions</u>	<u>Dismissals</u>
Babies	...	...	...	...	4	-
Tweenies	...	...	...	...	3	-
Toddlers	...	...	...	...	4	-
					<u>11</u>	<u>-</u>

The reasons for these children being admitted were as follows .

Microcephaly	...	...	...	...	...	...	3
Mongol	...	...	...	...	...	...	5
Cerebral Palsy	...	...	...	...	...	...	1
Psychosis	...	...	...	...	...	...	1
Congenital Hydrocephaly	...	...	...	...	...	...	1
							<u>11</u>

The incidence of Infectious Disease was *NIL*.

CHILDREN REPORTED BY THE EDUCATION AUTHORITY -

	Number reported during year	Number of cases now			Number of cases awaiting			Cases on which no action found necessary	Cases on which action found necessary but now completed
		attending local health authority or voluntary centre	receiving other form of care from local health authority	in hospital	place in an occupation or work centre	other local health authority care	hospital admission		
Children reported to the authority under Section 65 of the Education (Scotland) Act 1962 ...	2	-	-	..	-	..	-	2	-
Children reported to the authority under Section 66 of the Education (Scotland) Act. 1962 ...	..	..	-	-	-	-	-	-	-

MENTALLY HANDICAPPED CHILDREN IN ORDINARY DAY NURSERIES -

Number of day nurseries attended by mentally handicapped children as well as other children (as at end of year)	Total Number on register at end of year (all children)	Average daily attendance during year (all children)	Mentally handicapped children			
			Total number on register at end of year		Average daily attendance during year	
			Male	Female	Male	Female
4	217	189	3	3	3	4

MENTAL HEALTH SERVICES

GUARDIANSHIP, SUPERVISION AND AFTERCARE

PATIENTS UNDER GUARDIANSHIP OR INFORMAL CARE (as at 31st December 1967) -

	MENTAL DEFECTIVES		MENTALLY ILL	
	Male	Female	Male	Female
1 No. of Persons under statutory guardianship for whom the authority are 'local health authority concerned' (whether resident in or outside the authority's area)	2	2	-	-
2. No. of Persons included in 1 under the guardianship of the authority	2	2	-	-
3. No. of Persons included in 1 resident outside the area of the authority . . .	2	-	-	-
4. No. of Persons in the area who are not under guardianship but are receiving regular visits from the authority's staff	41	29	42	53

RESIDENTIAL ACCOMMODATION ..

ACCOMMODATION PROVIDED BY THE LOCAL AUTHORITY -

	Name of home or hostel	Normal age group accommodated in the home or hostel	Number of places provided		Number of mentally disordered in residence at end of year		Number of admissions during year (mentally disordered persons)	
			M.	F.	M.	F.	M.	F.
Homes or hostels provided primarily for other purposes (a) Mentally Ill	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	7	12	1	4
(b) Mental Defectives	Part III N.A. Act, 1948 R.A.I. Annexe	Elderly	62	45	6	10	-	-

RESIDENTIAL ACCOMMODATION -ACCOMMODATION PROVIDED BY ARRANGEMENT WITH OTHER BODIES -

	Number of homes or hostels in which accommodation provided during year	Number of mentally disordered in residence at end of year		Total number of admissions during year (Mentally disordered persons)	
		Male	Female	Male	Female
1. In homes or hostels specifically for the mentally disordered					
(a) Mentally Ill	-	-	-	-	-
(b) Mental Defectives	8	28	11	1	-
2. In homes or hostels primarily for other purposes					
(a) Mentally Ill	-	-	-	-	-
(b) Mental Defectives	-	-	-	-	-

NUMBER OF HOME VISITS 1st JANUARY 1967 - 31st DECEMBER 1967 -

Visits in respect of	By local authority's staff					By voluntary organisations under arrangements with the authority
	Medical Officers	Health Visitors	P.S.Ws.	Mental Welfare Officers	Others	
1. Mental defectives under guardianship	5	-	-	17	-	-
2. Mental defectives under informal supervision .	33	-	-	500	-	-
3. Mentally ill under guardianship	-	-	-	1	-	-
4. Mentally ill under informal care	2	400	-	714	-	-

SENIOR CENTRES -

Address		Number of Places		Total Number on register at end of year				Average daily attendance during year				Number of Sessions per week	Number of qualified staff		Number of other staff	
				Male		Female		Male		Female			w.t.	p.t.	w.t.	p.t.
		M.	F.	w.t.	p.t.	w.t.	p.t.	w.t.	p.t.	w.t.	p.t.					
	O, W or C	(a)	(b)													
Oakshaw ...	C	70	-	24	-	-	-	23	-	-	-	10	3	-	4	-
Mary Russell Centre for Girls	C	-	50	-	-	24	-	-	-	22	-	10	4	-	-	-

Number of mental defectives over 16 considered suitable for a local health authority senior centre and awaiting a vacancy -

Male - Nil;

Female - Nil;

TRAINING AND OCCUPATION (MENTALLY ILL) -

CENTRES - None available.

Number of mentally ill persons considered suitable for a work or occupation centre and awaiting a vacancy -

Males Nil.

Females - Nil.

WORK UNDER THE NATIONAL ASSISTANCE ACT

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Speirsfield House was opened as an Old People's Home and in April, 1957, Stanely House was opened to implement this accommodation.

The statistics for these Homes for 1967 were -

	Admitted		Discharged		Transferred to Hospital		Died		On Leave		Left of own accord	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Speirsfield House	3	8	-	6	2	3	1	2	-	-	-	1
Stanely House	3	9	1	7	3	2	-	-	-	-	-	-

Apart from those resident in Speirsfield House and Stanely House, others were cared for in such places as -

Royal Alexandra Infirmary Annexe; Barshaw Hospital;
 Gleniffer Home
 Flanders House, and
 With Other Local Authorities.

In addition to the aged and infirm the Town Council are responsible in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; The Epileptic Colony, Bridge of Weir; Cairnhill Home, Airdrie, and in various other Local Authority Institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures -

Number of Registered Blind Persons	169
Number of Deaf and Dumb Persons	109
Number of Physically Handicapped Persons (i.e. Cripples)	138

There were no Compulsory Removals during the year under Section 47 of the National Assistance Act, 1948

Another provision of the National Assistance Act is the power it gives to local authorities to care for and to protect the property of persons admitted to hospitals or other institutions. During 1967, fifteen cases were dealt with.

Thirty-two burials of persons who had no relatives willing and able to bury them were carried out during the year

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1961

Part I of the Act

1. INSPECTIONS for purposes of provisions as to Health (including inspections made by Sanitary Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	5	1	-
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	274	96	6	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority (including out-workers premises)	42	22	-	-
<i>Total</i>	327	123	7	-

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

2. Cases in which DEFECTS were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Remedied (3)	Referred		
			To H.M. Inspector (4)	By H.M. Inspector (5)	
Want of cleanliness (S.1) . . .	1	1	-	1	-
Overcrowding (S.2)	-	-	-	-	-
Unreasonable temperature (S.3) . . .	-	-	-	-	-
Inadequate ventilation (S.4) . . .	-	-	-	-	-
Ineffective drainage of floors (S.6)	-	-	-	-	-
Sanitary conveniences (S.7) -					
(a) Insufficient	3	-	-	1	-
(b) Unsuitable or defective . . .	9	7	-	2	-
(c) Not separate for sexes . . .	-	-	-	-	-
Other offences against the Act (not including offences relating to Out-Work)	-	-	-	-	-
<i>Total</i>	13	8	-	4	-

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134)

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1)(b) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices Served (6)	Prosecu- tions (7)
Wearing Apparel - Making, etc.	1	-	-	-	-	-
Cleaning and Washing	-	-	-	-	-	-
Household linen ..	-	-	-	-	-	-
Lace, lace curtains and nets	-	-	-	-	-	-
Curtains and furniture hangings	-	-	-	-	-	-
Furniture and upholstery	-	-	-	-	-	-
Electro-plate	-	-	-	-	-	-
Brass and brass articles	-	-	-	-	-	-
Fur pulling	-	-	-	-	-	-
Iron and steel cables and chains	-	-	-	-	-	-
Iron and steel anchors and grapnels . . .	-	-	-	-	-	-
Cart gear	-	-	-	-	-	-
Locks, latches & keys	-	-	-	-	-	-
Umbrellas, etc.	-	-	-	-	-	-
Artificial flowers .	-	-	-	-	-	-
Nets, other than wire nets .. .	-	-	-	-	-	-
Tents	-	-	-	-	-	-
Sacks	-	-	-	-	-	-
Racquets and tennis balls	-	-	-	-	-	-
Paper bags	-	-	-	-	-	-

PREScribed PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT 1961
(continued)

Part VIII of the Act

OUTWORK

(Sections 133 and 134) (continued)

Nature of Work (1)	SECTION 133			SECTION 134		
	No. of out-workers in August list required by Section 133(1) (c) (2)	No. of cases of default in sending lists to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in unwhole- some premises (5)	Notices Served (6)	Prosecu- tions (7)
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	-	-	-	-	-	-
File Making	-	-	-	-	-	-
Brush Making	-	-	-	-	-	-
Pea Picking	-	-	-	-	-	-
Feather sorting	-	-	-	-	-	-
Carding, etc. of buttons, etc.	-	-	-	-	-	-
Stuffed toys	-	-	-	-	-	-
Basket making	-	-	-	-	-	-
Chocolates and sweetmeats	-	-	-	-	-	-
Cosaques, Christmas crackers, Christmas stockings, etc.	-	-	-	-	-	-
Textile weaving	-	-	-	-	-	-
Lampshades	-	-	-	-	-	-
<i>Total</i>	1	-	-	-	-	-

HEALTH EDUCATION

Health Education consists both of the continual education of the individual by the Health Visitors and also of talks to groups. Although we accept every opportunity for talks to groups and prepare exhibitions, film shows and campaigns, there is still a great field for Health Education especially in the Schools. It is impossible at present to do justice to all opportunities. However, the Medical Staff, Dietitian, and Health Visitors are all involved as far as is possible in this important aspect of the work.

PAISLEY HOME SAFETY COMMITTEE

Paisley is fortunate in having an active and keen Home Safety Committee well supported by voluntary members from outwith the Corporation. We have also to acknowledge the willing support of the local press.

During the year the Committee purchased a new 35 mm. projector and this has been a useful addition to the range of equipment at our disposal. A series of 35 mm. Slides on Home Safety was also purchased with a talk on tape. Much use has already been made of this.

Publicity by talks continues and use is made of posters in the clinics. We are also very indebted to the Library for the distribution of bookmarks, and we are willing to meet their requests for greater numbers and supply a variety of these.

During the year a combined film show with Road Safety was held in the Museum Hall. Films on Road Safety, Fire Hazards and Home Safety were shown to an audience which contained a fair proportion of children. The latter showed a remarkable interest and joined in question and discussion after the films.

ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRA INFIRMARY - 1967

Total new Patients treated initially in the Casualty Department					28,016	
Total Burgh of Paisley Patients classified as accidents in the Home					2,845	
					<u>% of Home</u>	<u>Deaths</u>
					<u>Accidents</u>	
<u>0 - 4 YEARS -</u>						
Burns	136	15.4%				
Gassing	3	0.3%				
Cuts and Sprains and Injuries	409	46.3%				
Others	335	38.0%				
Total	883	31.0%				
<u>5 - 15 YEARS -</u>						
Burns	49	10.1%				
Gassing	1	0.2%				
Cuts and Sprains and Injuries	284	58.6%				
Others	151	31.1%				
Total	485	17.0%				
<u>16 - 21 YEARS -</u>						
Burns	24	11.2%				
Gassing	-	-				
Cuts and Sprains and Injuries	130	60.8%				
Others	60	28.0%				
Total	214	7.0%				
<u>22 - 64 YEARS -</u>						
Burns	130	12.4%				
Gassing	1	0.1%				
Cuts and Sprains and Injuries	499	47.6%				
Others	419	39.9%				
Total	1,049	37.0%				
<u>65 YEARS AND OVER -</u>						
Burns	18	8.4%				
Gassing	-	-				
Cuts and Sprains and Injuries	119	55.6%				1
Others	77	36.0%				2
Total	214	8.0%				3
Accidents in the Home - Treated in Casualty					2,449	
Referred to Fracture Clinic					254	
Admitted to Wards					142	

	Treated in Casualty		Admitted to Wards	Deaths	Referred to Fracture Clinic
0 - 4 YEARS	Burns	133	2		Years
	Gassing	3	-		0 - 4 - 48
	Cuts, Sprains and Injuries	357	7		5 - 15 - 38
	Others	326	7		16 - 21 - 21
5 - 15 YEARS	Burns	49	-		22 - 64 - 114
	Gassing	1	-		Over 65 - 33
	Cuts, Sprains and Injuries	241	6		
	Others	145	5		
16 - 21 YEARS	Burns	24	-		254
	Gassing	-	-		
	Cuts, Sprains and Injuries	108	6		
	Others	49	6		
22 - 64 YEARS	Burns	127	2		
	Gassing	1	-		
	Cuts, Sprains and Injuries	369	26		
	Others	378	32		
OVER 65 YEARS	Burns	17	1		
	Gassing	-	-		
	Cuts, Sprains and Injuries	63	28	1	
	Others	58	14	2	

TOTAL ACCIDENTS IN THE HOME TREATED IN ROYAL ALEXANDRIA INFIRMARY 1966/67

	1966		1967		TOTALS		% OF HOME ACCIDENTS		DEATHS	
	No.	%.	No.	%.	1966	1967	1966	1967	1966	1967
0 - 4 YEARS -										
Burns	141	16.0	136	15.4						
Gassing	Nil.	Nil.	3	0.3						
Cuts, Sprains and Injuries	459	53.0	409	46.3						
Others	265	31.0	335	38.0	865	883	32.3	31.0		
5 - 15 YEARS -										
Burns	71	17.0	49	10.1						
Gassing	Nil.	Nil.	1	0.2						
Cuts, Sprains and Injuries	248	59.0	284	58.6						
Others	100	24.0	151	31.1	419	485	15.6	17.0		
16 - 21 YEARS -										
Burns	26	15.0	24	11.2						
Gassing	Nil.	Nil.	Nil.	Nil.						
Cuts, Sprains and Injuries	100	57.0	130	60.8						
Others	48	28.0	60	28.0	174	214	6.5	7.0		
22 - 64 YEARS -										
Burns	118	11.4	130	12.4						
Gassing	3	0.3	1	0.1						
Cuts, Sprains and Injuries	626	60.6	499	47.6					1	
Others	286	27.7	419	39.9	1033	1049	38.5	37.0		
65 YEARS AND OVER -										
Burns	16	8.3	18	8.4					1	
Gassing	Nil.	Nil.	Nil.	Nil.						
Cuts, Sprains and Injuries	112	58.0	119	55.6					5	1
Others	65	33.7	77	36.0	193	214	7.1	8.0	12	2
					1966		1967			
Accidents in the Home - Treated in Casualty					2,315		2,449			
Referred to Fracture Clinic ..					218		254			
Admitted to Wards					151		142			
					2,684		2,845			

REHOUSING IN RELATION TO ILLNESS

The number of applications for rehousing on medical grounds remains high and present the Health Department with a formidable problem. Six hundred and sixty-four cases were investigated thoroughly in 1967 by visits of medical and nursing personnel and a considered opinion on the advisability of rehousing was given in each instance to the Special Cases Committee.

Details of these cases are given below -

General Medical Cases -

620 considered.	177 Granted (28.5%).	443 Declined (71.5%).
-----------------	----------------------	-----------------------

Tuberculosis Cases -

44 considered.	16 Granted (36.4%).	28 Declined (63.6%).
----------------	---------------------	----------------------

The proportion of cases granted and declined remains fairly constant each year and reflects accurately the great care given to each case by the Special Cases Committee.

The number of cases investigated (664) is higher than that of 1966 (620) and as a great deal of care is given to the preparation of each case, it will be seen that this forms a large and time consuming part of the Department's work.

MEDICAL ARRANGEMENTS FOR LONG-STAY IMMIGRANTS

Special problems arise in connection with the health and treatment of long-stay immigrants to this country and Local Authorities have been asked to give their assistance in the arrangements made for their welfare.

Medical Inspectors at the main seaports obtain from the immigrants their destination addresses and forward these to the Medical Officer of Health of the Local Authority concerned. The Medical Officer of Health then arranges for the new immigrants to be visited so that they may be given general information about the Health Services and be persuaded to get themselves and their dependents registered with a General Medical Practitioner.

In view of the importance of chest illness in immigrants the Health Department arranges for a chest x-ray of all members of the immigrant's family, and should chest abnormality be found arrangements are made for its treatment.

During 1967 fourteen immigrants were dealt with in this fashion. No case of illness was detected in any of these persons.

THE CARE OF THE ELDERLY

The Geriatric Clinic in Ferguslie continued on similar lines during 1967 and a Clinic was opened in Glenburn during the year. The table below shows the attendances at these Clinics.

	1st Attendances		Re-Attendances		Total
	Male	Female	Male	Female	
Ferguslie Clinic 	4	5	241	445	695
*Glenburn Clinic 	10	19	167	250	446
<i>Total Number of Attendances</i>	<i>14</i>	<i>24</i>	<i>408</i>	<i>695</i>	<i>1,141</i>

*Clinic opened February, 1967.

DEATHS FROM LUNG CANCER

The rapid increase in deaths from lung cancer continues and was considered to be rising rapidly enough to warrant mention in the introduction to the report.

As will be seen from the table below, deaths from lung cancer have doubled in ten years. It will also be seen that although many of the deaths occur above the age of 60, there has been little increase over the years in this age group. The bulk of the increase occurs between 40 and 60 years of life or during the latter part of the working life, often while children are still dependent on their parents.

While we do not know the cause of lung cancer there is no doubt that cigarette smoking is a contributory factor and that the heavier the smoking the greater the risk.

DEATHS FROM LUNG CANCER

Year	Number of Deaths (resident in Burgh)			20 - 30 years	30 - 40 years	40 - 50 years	50 - 60 years	60 years and upwards
1958	46	Males ...	41	-	1	6	12	22
		Females ...	5	1	-	1	-	3
1959	52	Males ..	43	-	-	5	10	28
		Females ...	9	-	-	2	1	6
1960	46	Males ...	38	-	1	-	13	24
		Females ...	8	-	-	1	2	5
1961	56	Males ..	47	-	-	5	16	26
		Females ..	9	-	-	2	1	6
1962	59	Males ..	57	2	2	5	17	31
		Females .	2	-	-	1	1	-
1963	39	Males ...	31	-	1	3	14	13
		Females ...	8	1	-	-	3	4
1964	51	Males ...	47	-	2	5	14	26
		Females .	4	-	-	-	-	4
1965	69	Males ..	62	-	1	9	23	29
		Females ..	7	-	-	1	3	3
Age Groups as in Registrar General's Return				25 - 34 years	35 - 44 years	45 - 54 years	55 - 64 years	65 years and upwards
1966	74	Males ...	60	-	2	6	26	26
		Females ..	14	-	-	1	5	8
1967	84	Males ...	73	-	2	12	19	40
		Females ...	11	-	1	2	3	5

CIVIL DEFENCE

Classes were continued in Civil Defence Headquarters in Home Nursing and First Aid. In all five 2 hour lectures were given.

As part of a Civil Defence Course for Local Authority Staff, a lecture was given on the subject of the medical problems which might follow nuclear attack.

The following article appeared in the 'Nursing Mirror' and is reproduced by courtesy of the Journal

THE MALE HEALTH VISITOR

By Kennedy Campbell, M.A., M.D., LL.B., D.P.H., I.M.,

Medical Officer of Health, Burgh of Paisley

and

W.J. Spalding, S.R.N., R.M.N., B.T.A., Health Visiting Officer Certificate,

Male Health Visiting Officer, Burgh of Paisley.

The place of men in health visiting raises issues which have been debated for some time, and the arguments for and against were given prominence in the Health Visitors' Section of the Royal Society of Health Congress at Blackpool in 1966. It would seem that there is a considerable body of opinion that there is not only a place but a need for men in health visiting, and Dr. MacQueen of Aberdeen, who has pioneered this work, has recently gone on record stating that his views have been borne out by the work done by trained male health visitors.

There has, however, been very little factual material on which to judge the success or otherwise of male health visitors, and for this reason the following account of the work of one man may be useful to others who are considering the employment of men in their health visiting service.

The health visitor in question was a trained nurse who had experience in mental nursing and who had taken the course in health visiting in Aberdeen; he was employed as a social worker with a nursing background.

His work was not envisaged as being within the fairly clearly defined limits imposed on the district health visitor by nature of the clinics or case-loads, or for him to fill a vacancy which could be taken by a female health visitor, but to co-operate with the health visitors in work of a specialised nature which might very well be time-consuming, leaving them free to continue their ordinary work. Thus the health visiting officer visits routinely a large number of 'problem families', with the aim of preventing deterioration and of improving their situation. This work, which takes a very long time, demands an experienced knowledge of all the available social agencies. Most of these 'problem families' are referred to him in the first instance by the district health visitor, and this enables prompt attention to be given to acute problems while the basic ones can be worked on as long-term projects. Many of these families improve for a time but eventually regress and need constant attention. In passing, it may be said that although there have been no total failures with problem families there have been many disappointments.

Although the health visiting officer is a man, he spends an afternoon each week at a child welfare clinic where parents who wish to discuss their social problems with him can do so. This serves a two-fold purpose. It enables any children to be seen at the clinic and immunised if necessary, and allows the mother or father a chance to talk in confidence away from other members of the family. A good deal of

useful information about a family can be obtained in this way, and the parents feel that they have the willing attention of a specialist in social work.

Perhaps the most time-consuming but also perhaps the most rewarding part of his work is that concerned with families which have psychiatric problems. This may be the result of his previous training in this field of work, but there is no doubt that the vast majority of families in difficulties do have an underlying mental health problem. The health visiting officer's care is aimed at maintaining the client's mental health, supporting the family during episodes requiring treatment, and above all trying to minimise any adverse effects of such an environment on the children. Perhaps too, he may in some way prevent future 'problem families' arising as a result of adverse environmental factors.

Physical illness plays its part in creating social problems and the health visiting officer has to arrange for close co-operation with the general practitioner and hospital services. He also has to act as a liaison with other social agencies and the Town Council. As the mother in a family is frequently affected by illness, the value of the male health visiting officer in discussing the family's difficulties with the husband is great. A man will often share his worries with another man when he might be reticent with a female health visitor.

Another aspect of the care of the problem families is the mothercraft and homecraft centre which the Town Council has opened. This centre is situated in a rented corporation house in one of the areas of the town where there are a large number of problem families. The centre is run by two housemothers who train mothers and fathers recommended to the centre by various agencies, both statutory and voluntary. The work covers all aspects of family life, from simple tasks such as cleaning a floor, to relatively difficult ones such as budgeting the family income. The health visiting officer carries out the initial case study on each family, and suggests those members who are totally unsuitable for training for some reason or other. He also co-operates with the two housemothers, recommending ways of helping the families to help themselves and doing a good deal of informal health education, both in the centre and in the families' own homes. All of the families which have attended the centre have benefited to a greater or lesser extent, and possibly this is due in large measure to the careful assessment of the physical, mental and social conditions before training. It is also due to the concentrated follow-up case work after training.

Care of the elderly also forms part of his duties. Many old people have their own type of social problem, living alone, having lost contact with their families and become socially isolated. Ill health in many instances prevents them from leaving their homes even for shopping, and sometimes a degree of malnutrition may be present. Apart from isolation, many old people are bewildered by their finances and unaware of, or reluctant to accept, help on this subject. The male health visitor can often change this attitude by a simple explanation of the old person's rights. He can take over many of their worries and arrange help from various sources. At all times he has a close liaison with the family general practitioner and, of course, with the consultant geriatrician.

In Paisley, the medical officer of health and the consultant geriatrician felt

that there was a need for consultative clinics for the elderly, and one has been opened and in operation for some time. This clinic combines the best features of clinic and day-centre care for a number of elderly persons in relatively poor health. In this work the health visiting officer is invaluable and he does most of the work of approaching the elderly people and explaining what is involved in the clinic. He has to see that, in fact, they do attend the clinic and that any absence has a natural explanation.

The health visiting officer assists the health visitors in their antenatal and child welfare work by reinforcing the advice given at the clinics or, in the case of problem families, paying more frequent visits and dealing with the families in greater depth. He has had a fair measure of success in the sphere of preventing the break-up of families. Needless to say, his advice is often sought when rehousing on medical grounds is being discussed.

It is obvious that a fair proportion of his work must be shared by other workers in community health, and therefore a good deal of liaison is necessary with general practitioners, psychiatrists, geriatricians and other social workers, statutory and voluntary agencies and public services such as the gas and electricity boards; he also sorts out difficulties such as those with various hire-purchase conditions. Indeed the excellent relationship enjoyed contributes in no small way to many of the improvements in families' circumstances.

Having had the basic health visitor training he can, of course, stand in for any of the health visitors should they be absent because of illness or holiday, and his nursing background enables him to attend case conferences in the local hospitals and feed back information to those concerned.

A typical day's work for the male health visiting officer could be as follows -

9 00-10.30 a.m.: deal with paper work, general and telephone queries, etc., for example :

1. Arrange admission of a child to a residential nursery as the mother is going into a mental hospital.
2. Interview a husband, deserted by his wife, and arrange for children's officer to deal with the children.
3. Telephone burgh factor to arrange a family's rent arrears and ask another department to deal with their finances.
4. Telephone gas board on behalf of an old lady who suspects a leak.
5. See the medical officer of health about families suitable for training and report on current problems.
6. See welfare department about a bath aid for an old man.
7. Answer telephone to psychiatric social worker advising that a patient is due for discharge, and arrange visit to the hospital.
8. Make out list and add comments for geriatric clinic.
9. Speak to deputy medical officer of health who is enquiring about an unco-operative family which has scabies.

10. Telephone R.S.P.C.C. about a family where the parents leave their children alone in the house and go out drinking.
11. Give a mother who has called a note to the W.P.V.S. for clothing.
12. Arrange an evening visit for a district health visitor to see father of a family.
13. Telephone to inform a general practitioner of deterioration in the condition of one of his patients.
14. Make out list of visits to be made.

10.30 a.m. 1 00 p.m : One visit; time is spent listening to problems of an over-anxious psychiatric patient, advising accordingly, and mainly acting as a lightning conductor for built-up tensions.

2.00-4.00 p.m : Routine visits to problem families, all living in one area - growth and progress of children is noted; mothers are advised on health, immunisations, care of sick children need of treatment for dysentery, etc.

4.00-5.00 p.m.: Call at child welfare clinic to work on reports and case notes.

5 15 p.m.: At public health department, deal with telephone messages, arrange to call on children's officer and burgh factor in the morning.

5.30 p.m.: Go home.

7.00 p.m.: Pay evening visit as promised. Discuss with a father the need for his co-operation in helping his wife with their handicapped baby and reassure him about its future.

Naturally, evening visits do not arise every day of the week but they are not unknown and are frequently the most important part of the day's work.

CONCLUSION

The place of men in health visiting seems no longer to be in dispute and the only question is whether they can do a valuable day's work within a local authority health and welfare department. It has been shown that this is, in fact, the case, and that a male health visitor can, in many instances, be the only logical social worker available to achieve success in a particular situation. The fact that he is a man does not seem to be any valid reason to prevent him carrying out the normal duties of a health visitor, and certainly in those authorities where a male health visitor is employed he is welcomed by his female colleagues as a valuable addition to the community health staff.

Nevertheless as male health visitors at present represent a small minority of the health visiting staff employed by a local authority, they should not be used simply to fill vacancies but should be used on specific projects where their special abilities are most likely to achieve success. It may be that for some time to come they are the best persons available to deal with problem families as by the very nature of their work they are able, at short notice, to deal with acute situations, thus preventing deterioration in the family environment.

What seems clear is that the number of male health visitors employed by local authorities must increase substantially in the coming years, and that they must be accepted on an equal basis by their female colleagues and not be regarded as interlopers or possible threats to their security.

The following article appeared in the 'Medical Social Work Journal' and is reproduced by courtesy of the Journal.

PROBLEM FAMILIES - A NEW APPROACH

By Dr. Kennedy Campbell, M.A., M.D., LL.B., D.P.H., L.M.,
Medical Officer of Health, City of Manchester

In every large centre of population there are a number of families whose behaviour is so contrary to the generally accepted pattern of life that they are labelled 'problem families'. Their anti-social behaviour may take a variety of forms, but it is most readily noticed as far as a Local Authority is concerned, in the destruction of Corporation property and the non-payment of bills for rent. Various other results stem from this, such as child delinquency and mental ill health.

It is very likely that there always has been an anti-social element in the community, but with the awakening of a social conscience, thought has been given as to how these families can be supported and helped, and better still how the anti-social behaviour can be prevented from arising.

In Paisley, the Corporation has been concerned for a number of years about the problem and from 1960 onwards gave serious consideration to a number of possible solutions. There is, of course, no one solution to this type of problem, and only by trial and error can the best solution for a particular community be found.

One of the alternatives discussed and which ultimately found favour with the Corporation was the provision of a Mothercraft and Homecraft Centre, where problem families could be helped and assisted to come to terms with everyday life. This would be done by the provision of services for the mother by which she could learn to cope with the everyday problems of the family, look after her children, and allocate her finances. There would be provision for the father to learn how to overcome his personal difficulties, and it was hoped that families would once more be united as a unit. Social counselling would be provided and the various agencies of the Corporation and other organisations would find a meeting point in the Centre.

It was decided that this Centre could best be provided under the National Health Service (Scotland) Act 1947, and the Medical Officer of Health was asked to prepare a scheme of administration. This scheme made provision for two housemothers, each working with a different family. The initial assessment and the grouping of priority of families would be done by the Medical Officer of Health after consultation with the social agency nominating the family. An approximate period of instruction would be allocated to each family, but it was recognised that this must be a loose arrangement and dependent on the progress of the family under instruction. It was noted that certain associated problems would have to be faced. For instance, the mother and children in the family would have to be examined medically to determine whether there was any aspect of health needing attention. Most of the families had fairly substantial unpaid gas, electricity and hire purchase bills. In many instances the gas or electricity was cut off. It was obvious that if the Housemother was to carry out

instruction in the family's house, these services must be renewed and this would involve the Council in payment of the unpaid bills. Many of the houses in which the problem families lived were in a poor state of decoration and some were dirty. If families were to be given a fresh start in life it would be necessary to clean and redecorate the house and it might well be that abatement of rent arrears would have to be made. It was hoped that after the initial period of instruction in the Homecraft Centre it would be possible to carry out the major portion of the work in the family's own house, and it was felt that this was most desirable. The instruction was not to be thought of as an artificial type divorced from practical life.

The Corporation agreed in 1964 to the setting up of a Mothercraft and Homecraft Centre and allocated a 4 apartment Corporation house for this purpose. The house was situated in an area of the town where there was a fairly high number of problem families, and 3 rooms of the house were allocated to the Health Department. The fourth room was allocated to the Burgh Factor's Department for an officer to use as a centre from which to carry out social work and also help in the supervision of some families.

The alterations necessary to put the house in order cost approximately £340. The adaptations included the provision of a gas and an electric cooker so that families who had either of these services in their house could learn cookery under conditions to which they were accustomed. The sink facilities had to be slightly enlarged so that the Housemother and the person under instruction could wash at the same time, and for those who had them in their own house a wash boiler was provided. Everything was designed so that while it gave a fair chance to the Housemother, it did not provide anything approaching luxury standard. Every endeavour was made to approximate the conditions of the house to that in which the family lived, with the obvious exceptions of cleanliness and a reasonable amount of furniture. The furnishings were kept to the minimum necessary, and the total cost was approximately £250. The small garden round the house was put in order by the Corporation Parks Department and properly fenced. This ground serves as a drying ground and also a playground for the children.

The Mothercraft Centre commenced operations in August, 1965, with the appointment of the first Housemother and the supervision of one family. The family consisted of the mother and father, two children of school age and two pre-school children. The father had a long history of mental illness and had been admitted at intervals to the local hospital. Partly as a result of this the family had many bad debts and were in arrears of rent. The standard of housekeeping was very poor. The mother attended the Centre for six months, receiving tuition in mothercraft and housecraft, and after the first six weeks the father also attended, getting his meals at the Centre. The general arrangement was that the mother attended the Centre from 9 a.m. onwards and was shown how to do general housework. She assisted in preparing the lunch, and was shown how to look after her young children. At specified intervals, social workers of various types would assist in the instruction; for instance the Dietitian would show the mother how best to buy and prepare the essential foodstuffs for her family. She would be shown how to budget and allocate her finances weekly, and difficulties due to the father's illness were removed by co operation with outside agencies. When the period of tuition in the Centre had expired the housemother visited the family daily

and continued supervision within the home. The family has now cleared all debts, the children are looking much better and are healthier, and the general appearance of the house is improved. This is a family who have made a substantial contribution to their own improvement and the next matter to be considered will be rehousing of the family to a better area. In March, 1966, a second Housemother was employed and this meant that two families could be supervised at the same time. As it was not policy to have the two housemothers in the Centre at the same time, arrangements were made for one housemother to give tuition in the Centre while the second housemother was carrying out tuition in a family's home. This order was then reversed so that each housemother had a period of time in the Centre and a period in the community.

Up to the present time 8 families have had training in some degree at the Centre. Some of the families were more difficult than others and after a time refused to co-operate. This was not regarded as the end of the story and these families are kept under supervision and it is hoped that they will re-start training in the Centre. Two further case histories may illustrate the difficulties entailed in work of this nature.

Family (A) consisted of mother and father, both aged 25 years, and children. The father is in good health with a good work record and gives approximately half of his wages to his wife. There he feels his responsibilities end. He spent most of his leisure time away from home in his car or at the Territorial Association and had a variety of girl friends. His attitude was immature despite his obvious intelligence. He stated that he married too young and now regrets it. The mother was rather untidy and haphazard and tended to stay in bed most of the morning. Her intelligence is slightly less than average and she is easily influenced by others. She blamed all her poor housekeeping on never having learned anything from her mother, and also on her husband's lack of appreciation. The children were healthy and well nourished and the mother cared for them and liked them. The house was cheerless and dingy. It had most of the necessities of a home but the dirt and untidiness made it an unpleasant place to live in. There were a number of unpaid hire purchase bills and the mother was working part-time in an attempt to pay these. The social worker managed to get a degree of reconciliation between the father and mother, and the family started training in the Centre. However, despite initial improvement the family began to deteriorate and has now broken up. The wife lives with friends and the husband and children continue to live in the family home, the grandmother caring for the children during the day. The home conditions have improved a good deal since the mother left and everyone except the mother seems to have gained benefit from the training. Contact is being maintained with all the parties concerned but there seems little hope of a reconciliation in the foreseeable future.

Family (B) consisted of a mother who was dull, apathetic, and always felt ill, and a father who was out of work and had little intention of doing anything to improve matters. The children were thin, pale and dirty. After a period of instruction there was a great improvement in the health and appearance of the mother and children, and they made good use of the clothing obtained for them from various voluntary bodies. The father says that he is looking for work but he does not try hard and efforts are being made on his behalf by the social worker.

It must be appreciated that any improvement, however small, in a problem family, has to be regarded as a success, as these families have been in difficulties for many years, and have become completely anti-social. Such families cannot become acclimatised to normal community life overnight, and there must be many setbacks. However, of all the families who have undertaken training in the Centre not one has failed to show some slight improvement, and the work is being extended in the near future.

Families are recommended for admission to the Centre by a variety of social agencies, but commonly through the children officer, the burgh factor and the sanitary inspector.

It is obvious that this type of work will not, in the foreseeable future, diminish, but will most likely expand, especially as the success of the Centre becomes recognised. The initial stage of setting up the Centre and getting it into operation is now passed and the subsequent one of improving the environment from which the families come is being undertaken.

*THE OPINIONS EXPRESSED IN THIS ARTICLE ARE THE AUTHOR'S OWN AND DO NOT
NECESSARILY REFLECT THOSE OF PAISLEY CORPORATION.*

